M

90

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3326

**CERTIFICATE OF DEATH** 

03276

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE	b. COUNTY	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Braddock Heights	c. LENGTH OF STAY IN 16		tside corporate limits, write RU	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Vindabona Convalescent &	address)	d. STREET ADDRESS	nolia Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) MARGARETHA	Middle ELIZABETH		OF	
5. SEX   6. COLOR OR RACE   7. MARR Female   White   WIDOWI	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)  Domestic	KIND OF BUSINESS OR INDUST At Home	RY 11. BIRTHPLACE (State of New )		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	CONTRACTOR OF THE PARTY OF THE
Henry Harrje		Unkno	own.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INI	ORMANT	Addre	255
	None Mrs	. Louis R. Sc	hoolman, Bradde	ock Heights. Md.
1B. CAUSE OF DEATH [Enter only one cause per lii PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	0.	eart design	4	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	al disease Condition give	PEREORMED?
	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I ar Port 11 af item 18.)	
Haur o. n. While	NJURY OCCURRED 20e. PLACE foctor to the control of	E OF INJURY (Home, farm, bry, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the decease alive on Manh 10, 195  ACTUAL SIGNATURE S. P. School	and that death o		M, fram the causes an ODRESS (Street, city or town, st	nd on the date stated abave.
PHYSICIAN'S Dr. Louis R. Sch	oolman	Frederick,	Maryland	Country   Coun
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		2d. LOCATION (City, tawn, or	county) (Stote)
Entombment   Mar. 13,1958	Frederick Memo	rial Cloister	Frederick,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
M. R. Etchison & Son, Fre	derick, Marylan	d DATEMAR	13 58 ( )	chuch

silence (1912) and described the first transfer of the first trans new point of polyments of which had required where where where the second course in , and the cold of the latter of the cold o BUREAU V. S. read to comb all lighted 5.1 to di 10 min 11.15 SZSI OI BANI Marie Valletin Selection States and Security Security

TO FUNERAL

M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3327 **CERTIFICATE OF DEATH**  Reg. Dist. No. 277

)	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institu and b. COUNT	ution: Residence be	erick give nearest lown)  e. IS RESIDENCE ON A FARM? YES NO   Day Year 27, 19 58 R 1 YEAR IF UNDER 24 HRS. Days Haurs Min. TIZEN OF WHAT COUNTRY? SA  #1)  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 16 Since 5/3/56		outside corporate limits, write		nearest tawn)
)	d. NAME OF HOSPITAL (If not in hospital, give street of INSUTUTION CRINSTITUTION CHRONIC H	ospital	d. STREET ADDRESS	Jrbana		ON A FARM?
	3. NAME OF First DECEASED (Type or print) FRANK	Middle R •	ADDISON	I OF		
	5. SEX 6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH 25 Jan 1866	9. AGE (In year post birthday) yr	Manths Day	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farmer  F	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State Marylar	ar foreign cauntry)	12. CITIZEN USA	OF WHAT COUNTRYS
	13. FATHER'S NAME John D. Addison		Martha Her			•
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yet. no. or unknown) (If yes, give wor or dates of service)		ospital Reco		item #1)	)
	18. CAUSE OF DEATH [Enter only one cause per lie  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS C	Mrouic Mileud Te	Reformation of the Terminal	INAL DISEASE CONDITION G	0	S Y P.
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not white	D. (Enter nature of injury in ACE OF INJURY (Hame, form tary, street, affice bldg., etc	20f. (City or town)	(Coun	YES NO KA
/	21. I certify that I attended the decease alive on 19 Macron 19 Ma	ed from and that death		M, fram the causes ADDRESS (Street, city or town	and an the a	date stated above
	220. BURIAL, CREMATION, 22b. DATE THEREOF BUTTAL 3-31-58	22c. NAME OF CEMETERY OF		22d. LOCATION (City. town. Frederick, M		(State)
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS ederick, Maryl	and 240. REC'	D BY REGISTRAR 200. REC	SISTRAR'S SIGNAL	/

CERTIFICATE OF DEATH Law T H. Committee E Street Living Office Chalatering Brief well - colored and - man - control - in

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

SHURW

BUREAU V. E.

8361 88 AAM

DECENAED

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page PLACE OF DEATH b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Then please remave carbon papers, vent within 72 haurs after death. the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 3328

MARYLAND

c. LENGTH OF STAY IN 16

life

03279

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTYFrederick Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rural Myersville

d. STREET ADDRESS

. IS RESIDENCE ON A FARM2

							YES	U NO E
3. NAME OF DECEASED (Type or print)	Fin Jame		Baker	4. DATE OF DEATH	Mont	th	Doy 1+	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARRIED T NEVER MAR	RIED B. DATE OF BIRTH			IF UNDER 1		
male	white	WIDOWED DIVOR	CED 0 9/11/187	5	82 yrs,	Months D	ays Hou	rs Min.
100. USUAL OCCUPATIO during most of worki	ing life, even if retired]	done 10b. KIND OF BUSINESS Wall pap	lvi n		country)	1	S.	AT COUNTRY
13. FATHER'S NAME	**************************************		14. MOTHER'S MAIDE					
Ezra B	aker		Aman	da Del	auter			
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR It yes, give war or dotes of st		o. 17. INFORMANT 97 Mrs. Etta B	aker,	Rural My		ille,	Md.
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Dy, which nmediate		Rual Vaso	EuRas	dereas	2	INTERVAL ONSET AN	
PART II. OTH  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury	in Port 1 or Po	rt II af item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yec	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY (Home, f factory, street, office bldg.,		ty or town)	(Cod	unty)	(State)
21. I certify the alive an	at I attended the		1-27, 1957, to	4.0				

ACTUAL

Elmer Harp

Middletown, Md.

220. BURIAL, CREMATION, REMOVAL (Specify) DUI'L al

rederick

Myersville

22c. NAME OF CEMETERY OR CREMATORY Ch. of Brethren Cem. ADDRESS

Harmony

ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county) (Stote) red. Co. Md.

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co.

Middletown, Md.

24a. REC'D BY REGISTRAR DATE

248. REGISTRAR'S SIGNATURE

market to the second second of the second se ETST OI AAM CERTIFICATE OF DEATH

03280

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

58

Reg. Dist. No.

Months

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

USA

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO X

> > (Stote)

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

\_\_M, fram the causes and an the date stated above.

3329 director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick filed b. COUNTY MARYLAND Maryland funeral c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Jefferson-Rural 1 Year Jefferson-Rural RD#1 pla d. NAME OF HOSPITAL (If nat in haspital, give street oddress)
OR INSTITUTION d. STREET ADDRESS Jefferson-Broad Run Road Jefferson-Broad Run Road .⊆ (Also known as William McKinley Baker) Lost 4. DATE DECEASED filled OF DEATH William McKilney Baker March (Type ar print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lostroirthday) 16 Oct 1889 Male White WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) during most af warking life, even if retired) Contractor Middletown. Md. Mechanic ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Rose Baker Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Yes, no, or unkno (Same as item #1) Mrs. Luella L. Baker 211-10-1.665 offending 18. CAUSE OF DEATH [Enter only one cause per like for (a): (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO by Conditions, if any, which certificate has been signed e os the burial-transit permi gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CERT ö MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year USe foctory, street, office bldg., etc.) Haur a. m. While Not while of work of work و 1955, that I last saw the deceased

21. I certify that I attended the deceased fram.

ACTUAL

PHYSICIAN'S NAME (Type)

Burial

REMOVAL (Specify)

and that death accurred at 11 P

U. G. Bourne, Jr., M. D.

Mount Olivet Cemetery

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city ar town, state)

30 W. All Saints St., Fred'k, Md.

Frederick, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

March 6.1958

M. R. Etchison & Son, Frederick, Maryland

240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE

(Stote)

VS A15 (4) 15M 9/55

attending physician. DIRECTOR: should moy be retar 3 poge

prior

registror

Part State Man Color State Col	HYASOSO ST.			
			i satesi	
			regales in echicos (Carata i II sorri H	Par e lote v
( 100 mm)	1070	VAZGALERI HEDITATI	CALCUTAL COL	
		De sustan Besta	S EMICHONOUS	
		The second of the second		
	A COLUMN TO STATE OF THE STATE			de maria
The way the same				Tible bad tie
				Managhara All All All All
	Balance and A	dien radical en archite al le conservation globale en architecture annu al le conservation		
BURRAU K. S.				Vinie 1 is

	1
M	1
6113	1
	M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03281

		,				Reg. Dist. No.	
	COUNTY Fre	3291 derick	MARYLAND		ESIDENCE (Where deceased lived. If institution: Residence before admission)  Maryland  b. COUNTY Frederick  R TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick  ADDRESS  19 West All Saints Street  10 No A FARM?  10 September 19 Sep		
b	CITY OR TOWN It out ond give records town)  Frederic	k	c. LENGTH OF STAY IN 1b			eccessed lived. If institution: Residence before admission) b. COUNTY Frederick  corporate limits, write RURAL and give nearest town) k  All Saints Street    C. IS RESIDENCE	
d		or institution (if not k Memorial F	in hospital, give street oddress) Iospital	d. STREET ADDRESS	USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY Frederick  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick  d. STREET ADDRESS 19 West All Saints Street  Lost 19 West All Saints Street  Lost BATON  Death March 23, 1958  TE OF BIRTH Dec 1886  19. AGE (In years [all bunder lyrs])  Frederick, Maryland  Dec 1886  10. BIRTHPLACE (State or foreign country)  Frederick, Maryland  MANT Death  MANT Death Dec 1886  11. BIRTHPLACE (State or foreign country)  Frederick, Maryland  Death Dec 1886  12. CITIZEN OF WHAT COUNTRY USA  MOTHER'S MAIDEN NAME Unknown  MANT Death Dec 1886  Dec 1886		
-	NAME OF DECEASED (Type or print)	First ROMEC	Middle		OF		
5. S	Male (	Calamad		DATE OF BIRTH	(ast birthday)	Months Days Hours	
10a.	usual occupation uring most of working Laborer	(Give kind of work done life, even if retired)	Day Laborer				T COUNTRY
13.	FATHER'S NAME Thaddeus	Baton			NAME		
15. (Yes.	WAS DECEASED EVER	IN U. S. ARMED FORCES' yes, give wor or dates of service		rs. Amanda M.			
	Conditions, if any, gove rise to immedio (o), stoting the uncouse lost.	te cause (	Arterios derale	i heart d	lease	? How	hr.
CATION	PART II. OTHER		NS CONTRIBUTING TO DEATH BUT P	OT RELATED TO THE TERM	INALDISEASE CONDITION	PEDI	ORMED?
CERTIFIC	200. EXTERNAL CAUSE PRIMARY OF CONTI CAUSE OF DEATH.	WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Par	t I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLA While Not while of work of work	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City or town)	(County)	(Stole)
			the remains described abases Accident, Sui				find the
	ACTUAL	mes B.	Thomas	_m.b.		DATE	SIGNED
	EXAMINER'S J	ames B. Thom	as, M. D.			3-4	25-58
220	BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	3-26-58	22c. NAME OF CEMETERY OR Fairview Ceme				ole)
23.	FUNERAL DIRECTOR'S		ADDRESS Frederick, Maryl	and			

VS. A15ME(5) 5M 9/55

BUREAU V. E.

hard being the fight of about the

the second secon

Renderand, in the ward of proof to be manufactured at 1.11

8361 78 AAM

DECENTED

death. Poge

certificote

The state of the state of MARTIN TO THE THE RESERVE THE PROPERTY OF THE f Shi and E man Account the Man and the Control of the Man and the If a carrier than I appended to decreased thereof the thing I have STEL PS NAM A LA CAST CHARGE OF EMPERS

BECENAEL

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3293 M

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

0	3	2	8	3

1. PLACE OF DEATH	erick		MARYLAND	2. USUAL RESIDENCE (Wo. STATE	/here deceased live	b. COUNTY	Pred		
	N (If outside corporate lime, nearest-town)	its, write	c. LENGTH OF STAY IN 16	Rural Mid			URAL and give	nearest to	wn)
d. NAME OF HOS Frederick	PITAL (If not in hospitol, on Memorial			d. STREET ADDRESS		/		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Lester	rst	Middle Emerson Bo	lost	4. DATE OF DEATH	Mon 3	th 3	Day	Yeor 19 5
5. SEX male			RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/22/1901	9. 4	GE (In years past birthday)  7 yrs.	Manths Da		-
Paper ha	rorking life, even if retired	As I	KIND OF BUSINESS OR INDU Private	Maryland	1	γ)	12. CITIZE	U.S	AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
	M K Boley EVER IN U. S. ARMED FOR  (If yes, give wor or dofes of	RCES? 16.	social security no. 17. 5-20-9248 Mr	INFORMANT	y (?) eachley	Addr , Midd	es lletow	m,Md	•
PART I. ( 491 ×  Conditions, it gove rise to couse (a), statilying couse to	immediate DUE TO	b) 4	Estatual On				•	INTERVAL ONSET AN	D DEATH
CATI		Pu	CONTRIBUTING TO DEATH BU	tom			EN IN PART 1(	PERI	S AUTOPSY FORMED? NO
20c, TIME OF IN. Hour o. r	n. 10	While of wor	k of work of the definition of the leading of the l	LACE OF INJURY (Home, for octory, street, office bldg., et	Nagel 3	0, 195 S	nd an the	at saw the	
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMA REMOVAL (Spec	ifu)		22c. NAME OF CEMETERY C		22d. LOCATION			(St	late)
burlal 23. FUNERAL DIRECTO		270	Mt. Olivet		Trede	rick,	MQ e	ATURE	
	Co. Mide	Reto		DATE A			/ -	- 1	

TO HOSPITAL TO FUNERAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

ECTOR: After this certificate has been signed by the attending physician and campletely filled in

MARYLAND STATE DEPARTMENT OF HEALTH -BALLIMORE, 18

12 444 644		

	And the province of the same o	
	HART TO THE RESERVE T	
Protection of the second	to fife as if district the state of the	
		THE RESERVE OF THE PARTY OF THE
		or for a second
		LIME
2 % UAIRUA	management of the second secon	one of the state o
APR 2 Leave		2007 to 1007 t
309/2		of a contract of the contract
DECENACIO	property of the second	
	APPENDING THE SERVICE OF THE SERVICE STREET	

VS A1S (4) 1SM 9/SS

03284

0.501	keg. Dis	1, 140,	
1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	II O. STATE 37 3 5 COUNTY -		
a. COUNTY Frederick  b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b SUBAL of Quee reported long we reported long was reported long was reported long. The County of the C			
Frederick 3 days	X New Midway		
OR INSTITUTION	d. STREET ADDRESS	ON A FARM?	
	OF M		
	Monoh 18 1881   last pirthdoy) Months	1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	USTRY 11. 8IRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY	
Carpenter Contractors	Maryland	U.S.A.	
M. Andrew Bowers	Louise ( unknown )		
I Yes no or unknown! I fif yes give were or dates of service!		lck, Md.	
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PUI MONARY  450.0  DUE TO  Conditions, if ony, which)  (b)  ATTEMOS 2018		INTERVAL BETWEEN ONSET AND DEATH HS Nr.5	
code (o), stoting the under- lying couse lost.  DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	<u> </u>	1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
	of a davenport on to f.	loor.	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED / 120e. Injury Occur	foctory, street, office bldg., etc.)	1. M	
21. I certify that I attended the deceased fram. 15 Mars	ch , 1958, to 19 March , 1958, that 11	ast saw the deceased	
alive on 19 Mazela 1958, and that deal	th occurred at/132 AM, fram the causes and an th	e date stated abave	
SIGNATURE Melleria & houm 10.	M.D. 35 E. Church St		
PHYSICIAN'S Melvin E. Lea Mi	) Frederick, md	r	
DEMOVAL/Specify)	If not in hospitol, give street oddress)   d. STREET ADDRESS   d. STREET ADDRESS   v. STREET ADDRESS   v		
3 /			
		NATURE	
Raymond E. Creager Thurmont, Mar	y Land DATE MAR 2 6 '58   While the	en	

BUREAU V. E.

Bratis A to the Well

8261 88 AAM



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 3285 3295 with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY eq b. COUNTY Frederick MARYLAND Maryland Frederick 3 death. eral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Frederick plood Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Frederick Memorial Hospital haurs 48 East South St. YES NO NO 2 O NAME OF First Middle 4. DATE Lost Day Year DECEASED John William (Type or print) DEATH 58 Bowers. Jr. March 26 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEW TROMBER TO B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) 77 yrs. Months Days Hours Male White WHOCH WAS STREET, N. N. PRINTED BELLEVILLE STREET, N. PRINTED BELLEVILLE STREET, N. N. PRINTED BELLEVILLE STREET, N. Feb. 28-1881 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Rail Road Conductor West Virginia U.S.A. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wm. Bowers, Sr. Mary Ellen Bowers 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Frederick-Wd. No John W. Bowers-Jr. - 48 E. South St. tending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ٦ PART I. DEATH WAS CAUSED BY: DUE TO 5 any Conditions, if any, which permit gned gove rise to immediate DUE TO couse (o), stoting the underpup lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) While a. m. Not while 19 of work of work D. m. 21. I certify that I attended the deceased from that I last saw the deceased 3:20PeM, from the causes and an the date stated above. alive an and that death accurred at **ADDRESS** (Street, city ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) က 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Mt. Olivet Cemetery 0 Frederick-Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Frederick-Maryland

DATE

VS A15 (4) 15M 9/SS

# daba ara WATER OF Howerd, Mr. Veny 25-10-02 abnistiv due ATER ATERNOS - AND THOM in - Charles to William . The little and the 8291 I A9A not be best com and who ex

VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03286 CERTIFICATE OF DEATH Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO Manth Year Day 58 March 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Maryland Lamar Edwards- 8 Lincoln Apts.-Frederick-INTERVAL BETWEEN ONSET AND BEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 19 St, that I last saw the deceosed and that death occurred at 8 A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Saints St. Frederick-Maryland 22d. LOCATION (City, tawn, ar caunty) (State) of Frederick-Mds 246. REGISTRAR'S SIGNATURE Frederick-Md. DATE

	NTARG TO ST	CERTIFICA		
	SHIP OF THE RESIDENT	. G. tavo	200	
				1000
				T-1-27
0 h = 0				- Table
	W THEST SALE			
				The second series
			A STATE OF THE STA	a FREE .
				12 -
				night treat
		MALE PRINCES OF		
	State County State		es bad beliebed to	
A INVESTIGATION	and A . It is brown			
STATE OF THE PARTY OF	Per PERSON			
8361 O 1 8400				3 SHITTE
10	- 0.110.011	CHELDING.	e her live and	
3 A I S S S S S S S S S S S S S S S S S S				
	Town It all the same		to be seen a	
	the second section of the second section is a second section of the second section of the second section secti		the state of the s	
		BROOK	Swinds to	

VS A15 (4) 15M 9/55 M

	3330	CERTIFI	CATE OF DEATH	Н	Reg. Dist. N	03287
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAN	II o STATE	here deceased lived. If instituted b. COUN		
b. CITY OR TOWN (IF RURAL ond give ne	outside corporate limits, w	rite c. LENGTH OF STAY IN		outside corporate limits, write	RURAL ond give r	nearest town)
Montevue R	urel Frederi	ck 9 yr	X Walkersv	ille Md		
AP INISTITUTION	MONTEVUE FR	freet address) EDERICK COUNTY	STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JA	MES	TWEEDE	BURKE	OF.		Poy Year 31st 1958
5. SEX MALE	THE TOPE	MARRIED NEVER MARRIED	A 2-4 10	9. AGE (In yeo lost birthdoy	Months Doys	AR IF UNDER 24 HRS s Hours Min.
100. USUAL OCCUPATIO during most of worki LAB	ng life, even if retired)	106. KIND OF BUSINESS OR IN FARMERS SUPP	NDUSTRY 11. BIRTHPLACE (Stote MARYL)		12. CITIZEN	OF WHAT COUNTE
13. FATHER'S NAME	ILTON BURKE		ANNE BOW			
	IN U. S. ARMED FORCES? If yes, give war or dates of service	16. SOCIAL SECURITY NO. 1	7. INFORMANT MISS NENA JAM		ddress VILLE MD	
PART I. DEAT  14 20 .   Conditions, if on gove rise to in course (o), stoting t	H WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b)  mediate  DUE TO	Orlend	in Dufa Delevosis	uV	120	NTERVAL BETWEEN INSET AND BEATH
CATIC			BUT NOT RELATED TO THE TERM		SIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	PRRED. (Enter noture of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	, v	Od. INJURY OCCURRED 20e While Not while t work ot work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or town)	(Count	ty) (Stote
21. I certify the alive on	at I attended the de	. 70		March, 196  M. A. fram the causes  ADDRESS (Street, city or tow  Arrian Tr	and an the d	saw the deceased at the stated aba
PHYSICIAN'S NAME (Type)	HORA  1, 226. DATE THEREOF	22c, NAME OF CEMETER	INE FI	PIEDERI 22d. LOCATION (City, town	CKM	1 D.
REMOVAL (Specify) BIRT	1/2./ 195	GLADE		WALKERSVILLI		(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE	WALKERSVILLE	MD 240. RSC	The state of the s	GISTRAR'S SIGNA	URE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

TO THE PARTY OF TH

ili monte con estre l'entre an el representation par la faction de la constant de la constant de la constant d

8291 S 99A

8561 6 884

per per la company de la compa

9		p	7	1
Pog		rec	6	
		0	ij	
to:		ero	pe	
D		fun	P	
afte		9	Sho	
175	4		2	
hau		.⊑	0	
24		led	- 5	
nin.		Œ	age	
W		te)	٩	
ed		ple	ers.	
cot		100	doc	oth.
exe		ğ	P L	þ
pe		Ö	P P	ter
ote		cia.	00	S-of
Lic		1ysi	OV	OUR
ert		ld E	ren	2 7
中		ding	3se	/ u
dea		ten	plec	ith
he		0	en c	+
to		#	4	ever
Ť		þ	<u>=</u>	γL
ires		ned	ern	0
edu	e.	Sig	i p	P
*	10:01	een	Ons	0
0	hys	2	÷	Ival
The	9	Pa	uric	Sme
ż	din	ate	e b	P L
5	Her	ŤĮ,	t s	n.
YSI	0 2	Cer	0 9	otio
F	10	his	S	ЭШ
9	piè	er	Po	20
Ē	2	Aff	hed	riol
NII.	the	ä	toc	bu
A	by	5	de	D to
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4	moy be retest by the hospital or ottending physicion.	O FUNERAL CTOR: After this certificate has been signed by the ottending physician and completely filled in	y pe	the registror prior to busiol, cremation, or remayal, and in any event within 72 hours ofter death.
7	6.0	1	plac	D JC
11	Te.	WA.	sho	istre
OS	be .	NE.	63	red
Ĭ	OH	2	boc	Pe
0	-	0	-	-

VS A1S (4) 1SM 9/S5 00

- 1	- 70 m:	MARY 1m 226 3-2	LAND	STATE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	8	10	
	em 10 f1	33	31	CERTI	FICA	ATE OF D	EATH			Reg. Dist.	132 No.	288
	PLACE OF DEATH o. COUNTY	Frederick		MARY	LAND	o. STATE	ence (Whe		l lived. If institution b. COUNTY		before add	mission)
	RURAL ond give	Rural		c. LENGTH OF STAY	IN 1b	× Detor	ır	tside carpo Rura	rate limits, write RI	URAL ond giv		
	d. NAME OF HOS	PITAL (If nat in hospital,	give street	address)		d. STREET A	DDRESS				01	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Edna	irst	Middle Houck		Burri		4. DATE OF DEATH	Mar		Day 7	Year 1958
	Female	White	WIDOW			B. DATE OF BIRTH	1891		9. AGE (In years last birthday) 66 yrs.	Manths D	oys Hou	
	during most of w	TION (Give kind of work orking life, even if retire WII •	dane 10b.	Own Farme			Maryl	and	ountry)		S.A.	AT COUNTRY?
13.	FATHER'S NAME	niel Houck				14. MOTHER'S						
15		VER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO	17.10	NFORMANT	• KRE	GLU	Addr	PSS		
ĮΥe	s, no, or unknown) No	(If yes, give wor or dates of		30 CIAL SECONITI TO		Clarence	C. B	urrie			Maryk	and
		immediate DUE T	o) / P	Carc	-	d under	rt arm	1 - f	ollowed	by lui	ONSET A	. BETWEEN ND DEATH
CERTIFICATION		THER SIGNIFICANT CO	(7.8	CONTRIBUTING TO DE						EN IN PART I	PE	AS AUTOPSY RFORMED?
MEDICAL C	20c. TIME OF INJ Hour o. m p. m	URY Month, Day, Y	-			ACE OF INJURY (I story, street, office			or tawn)	(Cor	uniy)	(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		123 1. A LIEG		<u>/</u> ,	M.D	les VION	DDRESS (SI	n the causes a livest, city or sown, comments of the causes of the cause	and on the state)	date st	ne deceased ated abave. PATE SIGNED (3-8-57 M-10- State) ryland
23.	J. C. G	arth		Walkersvil	10 1	Md		AR 1 1	58	Hear	ick	

	TE OF DEATH	ADMITTED	
			The same of the sa
	Liferin note for	7 05	equipment and
			Michigan Company
		904	
	THE THE PERSON	Direction 50 also	
		1177	
	Date (60) in Least 1		Campil Intert
1004 100 1 100	muse apparent of the second		
			The state of the s
A MILLER CO.	the most of the contract of th		21 street that Letterder the de
8361 II AAN			Zinkinga C
DECENTE	pred bil		Security of property of the second
91//III		months in a filtering of all all	Service Control of the Control of th

MARYLAND STATE CHEMENMENT OF REALTH-EALTHOUGH IS

	3291	CERTIFICA	AIE OF DEATI		Reg.	Dist. No.	
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		L COUNTY -	idence before	
/ RURAL and give nec	autside corporate limits, worest town)  erick	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		mits, write RURAL a	nd give near	rest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give to the courth Jeffers	street address)	/d. STREET ADDRESS	South St	•	e	ON A FARM?
3. NAME OF DECEASED (Type or print)	First Blanc	Middle	lost Butcher	4. DATE OF DEATH	Month March	Doy 19	-4-00
5. SEX Female	White w	HARRIED TO NEVER MARRIED TO NEVER MARRIE	8. DATE OF BIRTH  Nov. 14-186	9 8	8 yrs. Month	hs Days	Hours Min.
Housek	ng life, even if retired)	Own home	ISTRY 11. BIRTHPLACE (Stote		12.	U.S	·A.
	. Butcher		Mary Wa				
1S. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FORCES f yes, give wor or dates of service	1	informant rs. Wm. C. Fl	autt-30 S	Address Jeff. S	itFr	ed'kMd.
Conditions, if an gave rise to im coese (a), stating the lying cause lost.	he under-	Extens Scontributing to DEATH BU	Pencer le	INAL DISEASE CON	IDITION GIYEN IN I	PART 1(a) 19	WAS AUTOPSY PERFORMED?
PART II. OTH		DESCRIBE HOW INJURY OCCURRI				. ]	YES NO NO
Y 20c. TIME OF INJURY Hour a. m. p. m.	,,	20d. INJURY OCCURRED While Not while for at work at work	LACE OF INJURY (Home, farm actory, street, office bldg., etc.	n, 20f. (City or to	wn)	(County)	(Stote)
actual SIGNATURE		receased fram Ther 1) 19, and that death  Gran (1)	m.D. Las	PM, from the	causes and artity or town, stote)		
22g. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	3-22-1958		Cemetery	Frederi	City, town, or count	and	(State)
C.E.Clin	ed Son	Frederick-Mar	vland DATE	MARY BEGISTRAR	aug	educ	

le funeral directar, shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

D FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO FUNERAL

VS A15 (4) 15M 9/SS

ATT FRANK TENNIN DEL offering to Mes. Te. C. Flankt-70 S. John St. - Swed k. -100 : Like palleres his is not not ....... Son Everal all Directions

22c. NAME OF CEMETERY OR CREMATORY

Moreland Mem.

**ADDRESS** 

Yeor

1950

(State)

(Stote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Balto..

24g. REC'D BY REGISTRAR

DATE

page 0 1SM 9/SS 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

	THE OF DEATH	SCH CERTIFICA		
		BILLYLLIA		
	PALITYTE LINE			
		Usebbi mi		
	THE HALL			
	200	Carrier Stands		
	A TOTAL OF STREET, IN		(132)	
	- 3 and All		n de la constante de la consta	o broists
. Ivo Smalley a college				0.00 0.00
	er manicika an Abra-Mara se			
	oo maniches en Janearias se			
			Of the last of the	
			Of the last of the	
			Dept. See 1	The control of the co
			Description of the state of the	The control of the co

90

I

VS A15 (4) 15M 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3332 CERTIFICATE OF DEATH

Pag Nie No 03291

					Rog. Dist. Ho. 17 O & O. A.
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	nere deceased lived. If institution b. COUNTY	an: Residence before admission) Frederick
RURAL and give ne	outside corporate limits, write orest town) Frederick	c. LENGTH OF STAY IN 16 Yrs 3	1111111	outside corporate limits, write RI	URAL and give nearest town)
OR INSTITUTION	AL (If not in haspital, give street  Co. Chronic H		d. STREET ADDRESS	12 West 7th Stick/Coa/Home	e. IS RESIDENCE ON A FARM? YES TO NO
3. NAME OF DECEASED (Type or print)	First Charles	Middle Leo	Carlin -Jr.	4. DATE Moni	th Day Year 9 19 58
5. SEX Male	6. COLOR OR RACE 7. *** White WIDOW	NED TO SHEAR WAX WERE THE	8. DATE OF BIRTH 9-20-1883	9. AGE (In years last birthday) 74 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATIO during most of work DO not k 13. FATHER'S NAME	N (Give kind af work done 10b ing life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole  Maryland  14. MOTHER'S MAIDEN N		U.S.A.
	THE Charles		Do not la		
1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 If yes, give wor or dotes of service	220-05-6135	rederick Co.	Addr Chronic Hospita	al-Frederick-Md.
PART I. DEAT  4.2.2.  Candilians, if an gave rise to in cause (a), stating I lying couse last.	he under-	Aronic or Octerio /	Merosias	Tis	INTERVAL BETWEEN ONSET AND DEATH  2 40
20g. ACCIDENT WA	DESIGNATION OF THE PROPERTY OF	SCRIBE HOW INJURY OCCURRI			PERFORMED? YES NO
	While		ACE OF INJURY (Home, farm ictory, street, office bldg., etc	) 20f. (City or tawn)	(County) (Stale)
21. I certify the alive an	at I attended the decea M. G., 19 H. Kluie	sed fram	accurred at9:30P.	Market St.	nd an the date stated abave.  DATE SIGNED  3 - // - /95
PHYSICIAN'S NAME (Type)	Dr. H.F.Kline-	Sr.	Frede	rick-Maryland	
22a. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREOF  March 12-58	St. John's		22d. LOCATION (City, town, o Frederick-	
23. FUNERAL DIRECTOR'S		ADDRESS Frederick-Ma	- Lorent Toront	MAR 1 4 '58 246. REGIS	STRAR'S SIGNATURE

3	^A	BUREAU

MAR IA 1953

0

M

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3333	CERTIFICATE	OF	DEATH	

03292 Reg. Dist. No.

P. MACE OF DEATH   C. COUNTY   Trederick   MARTLAND   2. USUAL RESIDENCE (Where decreased lived. It insultation. His decrease before administry)   Frederick   MARTLAND   2. STATE   MARTYLAND   N. STATE   N. STATE   MARTYLAND   N. STATE   N. STATE   MARTYLAND   N. STATE   N. S											
RURAL ORD DE RIDGES RD Life X ROCKY Ridge RD  d. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  3. NAME OF ROSPITAL (If no! in hospital, give street odd/ent)  4. DATE Months (If no! in hospital)  5. SEX FEMBLE  4. COLOR OR RACE   7. MARRIED (INVER MARRIED)   8 DATE OF BRITH   9 Day Yes   195		Frederick		MARYLAND	2. USUAL RESI						
ROCKY RIDGE RD LIFE  d. NAME OF HOSPITAL If no in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS  visit in the special content of the spec	b. CITY OR TOWN (IF	outside corporate limits,	write c. LENGTH	OF STAY IN 16	c. CITY OR	TOWN (If	outside corpora	ate limits, write R	URAL ond gi	ive nearest	town)
OF INSTITUTION  3. NAME OF First DECEASION OF BASE OF STATE Middle Bessel Gentrale Clember of Path March 19, 1958 5.5EX   6. COLOR OF RACE   7. MARRICOLENEYE MARRIED   8. DATE OF BIRTH March 19, 1958 5.5EX   6. COLOR OF RACE   7. MARRICOLENEYE MARRIED   8. DATE OF BIRTH March 19, 1958 The male with the widow of the work does lose. This provides of the provides of			Lif	e	X Ro	cky	Ridge	RD			
Control   Bessie Gertrude   Clem   Dath March   19 508   Sex   S	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give	street oddress)		d. STREET A	DDRESS				C	N A FARM?
Temale	3. NAME OF DECEASED (Type or print)		Gertru			it	OF			,	0
Do. USUAL OCCUPATION Give, seen if reliefed to the done lobe. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country)  Own home  13. FATHER'S NAME  Cleothus Eckenrode  14. MOTHER'S MAIDEN NAME  Cleothus Eckenrode  15. WAS DECCEASEDEVER IN U. S. ABNED FORCES? 16. SOCIAL SECURITY NO. 17. INNOMANT  No. 18. CAUSE OF DEATH [Enter only one course per line for [o], (b), ond (c)]  PART I, DEATH WAS CAUSED BY.  Conditions, if only, which gover rise to immediate course [o], Juding the under [o].  The part II. Other Stoning Cause of Death gover rise to immediate course [o], Juding the under [o].  The part II. Other Stoning Cause of Death gover rise to mediate course [o].  The part II. Other Stoning Cause of Death gover rise to immediate course [o].  The part II. Other Stoning Cause of Death gover rise to mediate course [o].  The part II. Other Stoning Cause of Death gover rise to mediate course [o].  The part II. Other Stoning Cause of Death gover rise to mediate course [o].  The part II. Other Stoning Cause of Death gover gover rise to mediate gover rise to immediate course [o].  The part II. Other Stoning Cause of Death gover go	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVE	R MARRIED	8. DATE OF BIRT	Н	9				
Housewise in the investment of working life, even if relired)  Own home  Maryland  U.S.A.  13. FATHER'S NAME  Cleothus Eckenrode  15. WAS DECASEDIVER IN U.S. ABMED FORCES? In S. SOCIAL SECURITY NO. IV. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HATTY Saylor Rocky Ridge, Md.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HATTY Saylor Rocky Ridge, Md.  INTERVAL BETWEEN ONSET AND DEATH SOCIAL SECURITY NO. IV. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HATTY Saylor Rocky Ridge, Md.  INTERVAL BETWEEN ONSET AND DEATH SOCIAL SECURITY NO. IV. INFORMANT  ONSET AND DEATH SOCIAL SECURITY NO. IV. INFORMANT  NO  PART II. OTHER'S INFORMANT CAUSE (o)  GOVERNOR IS IN INTERVAL BETWEEN ONSET AND DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IV. WAS AUTOPSY PERFORMEDY YES IN NO.  PART II. OTHER'S INFORMANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IV. WAS AUTOPSY PERFORMEDY YES IN NO.  20. ACCIDENT WAS UNDERTING IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IV. WAS AUTOPSY PERFORMEDY YES IN NO.  White Notify Month of CAUSE OF DEATH (FETTING LEARNINGE)  ONE OF THE OFTEN THE THE OFTEN THE OTHER OTHER OFTEN THE OTHER O	Female	Whitew	IDOWED 🗌	DIVORCED [	April	22,	1905		Months	Doys   Ho	ours Min.
Cleothus Eckenrode  15. WAS DECEASED EVER IN U. S. ABMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  NONE  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE OF  Conditions, if any, which gove rise to immediate couse (o), the state of the	during most of worki	N (Give kind of wark doning life, even if retired)						intry)			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  (18. DOUBLE TO CONTRIBUTION OF COURSE OF	13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY.   HAMBOIATE CAUSE (o)   Candesce Clear Supervision   Condition, if any, which gove rise to immediate course (o), stoling the under line line line line line line line line	Cleothu	s Eckenro	de		Itta	Myer	as .				
NO None Mrs. Harry Saylor Rocky Ridge, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY LINE (b) Conditions, if any, which gove rise to immediate cause (a), stoling the under lying couse lost.  (b) Object No Due to General Indiana Countries and the couse (b), stoling the under lying couse lost.  (c) Part II. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY YES NOTE.  PART III. OTHER SIGNIBICANI CONDITIONS COURED OF THE THE TOO THE TERMINAL DISEASE CONDITION GIVEN IN PART I				IRITY NO. 17.	INFORMANT			Add	ress		
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 81:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate course [o]. (b)  Type of the part II. OTHER SIGNISICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNISICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED?  YES ON ACCIDENT WAS JUDGERITHING TO AUSE OF DEATH III. OTHER SIGNISIANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNISIANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNISIANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNISIANT CONDITIONS CONTRIBUTING TO COURSED (Enter nature of injury in Part I or Part II of item 18.)  200. ACCIDENT WAS JUDGERITHING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED?  YES ON ON CONTRIBUTING TO CAUSE OF DEATH III. OTHER SIGNISTANT WAS JUDGER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED?  YES ON ON CONTRIBUTING TO CAUSE OF DEATH III of item 18.)  200. ACCIDENT WAS JUDGER THAT II OTHER SIGNISTANT SIGNISTA		r yes, give wor or other or service		M	rs. Har	ry S	Saylor	Roc	ky Ri	idge.	Md.
County   C	PART I. DEAT  44 43 K  Canditions, if an gove rise to in cause (a), stating tying couse last.  PART II. OTH	H WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  y, which he under-  ER SIGNI SICANT CONDIT	Cardia Hyperthe	G TO DEATH BU	IT NOT RELATED TO	THE TER	MINAL DISEASE			Sevel 1(a) 19. W	AS AUTOPSY ERFORMED?
21. I certify that I attended the deceased fram fully 1958, to fluid 1958, that I last saw the deceased alive on fluid 12 1958, and that death occurred at 1.507%, fram the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNET Walkersville, Maryland fluid 1959.  PHYSICIAN'S NAME (Type) Dr. E. A. Dettbarn  220. BURIAL, CREMATION, REMOVAL (Specify) 3-22-58 Moravian Cemetery Green and Maryland  Moravian Cemetery Graceham Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR' 246. REGISTRAR'S SIGNATURE	(IF EITHER, NOTIFY )	MEDICAL EXAMINER)  Manth, Day, Year	20d. INJURY OCCU	RRED 20e. F	PLACE OF INJURY (	Home, fai	rm, 1 20f. (City c		(Co	ounty)	(Stote)
220. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL (Specify) 3-22-58	actual signature	a. De	19.58 ar				ADDRESS (Sire	the causes o	ind on the	e date s	the deceased tated abave DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	22a. BURIAL, CREMATION	1, 22b. DATE THEREOF	22c. NAME				_				(State)
E Creager Thurmont Md					emetery				- W		
	D E		,					206			

VS A15 (4) 15M 9/55

. . . 8261 9S AAM 00

YS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3334	CERTIFICATE	OF	DEATH	

03293

Page Diet No.

			R	leg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE	re deceased lived. If institution: b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Frederick—Rural*RD#1	40 Years	c. CITY OR TOWN (If ou	tside corporate limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Worman's Mill	street oddress)	d. STREET ADDRESS Worman's M	111	e. IS RESIDENCE ON A FARM? YES TO NO
3. NAME OF First DECEASED (Type or print) CLAT	Middle  JDE CRAMER		4. DATE Month OF DEATH Mare	Day Year ch 13. 1958
	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH  August 14. 18		UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farm Owner	10b. KIND OF BUSINESS OR INDU Farming	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nicholas H. Cl	lemaan	14. MOTHER'S MAIDEN NA	ME Cramer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES  I/es, no. or unknown)  No  No	? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address Lemson, Same as	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost.  (c)	potalisis	February La	of colon	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Hour a. m.	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the de alive on Manual 13.  ACTUAL SIGNATURE PHYSICIAN'S Dr. B. O. The	19.58, and that death	occurred at 6:30P	M, from the causes and DDRESS (Street, city or town, stotal Building	that I last saw the deceased d on the date stated above te) DATE SIGNED 3/14/58
220. BURIAL, CREMATION, REMOVAL (Specify)  Interment Mar. 16,19			nd. LOCATION (City, town, or c	ounty) (Stote)  Maryland
23. FUNERAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son,	Frederick, Maryl	111774		AR'S SIGNATURE

8561 LI NVV - SERVE SERV

THEORY STREET, MAY BE LIKE THE PROPERTY OF THE

I the same that the same will be the same at the

Poge

death.

hours

requires that the

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03294

(State)

3324 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) REDERICK o. COUNTY b. COUNTY MARYLAND LANI b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) RUNSWICK RUNSWIE.K d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION SECOND YES NO SECON 4. DATE NAME OF Middle First Month Day Year OF DEATH OEBF ELLA (Type or print) 19 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED R DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX Months Days Hours WIDOWED T DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) OUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RUNSWICK 1B. CAUSE OF DEATH [Enter only one couse per lipe for (o). (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 50,0 **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work 1950 that I last saw the deceased 21. I certify that, attended the deceased fram. P. M. from the causes and an the date stated above. and that death occurred at alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE

OVETTSVILLE

24b. REGISTRAR'S SIGNATURE

0

n

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

BUREAU V. S.

3381 81 AAM

L	0,000	<u> </u>				Reg. Dis	it. No.		
1.	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		l lived. If institution b. COUNTY	Frede	e before	odmissio	on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Frederick	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (If or Freder		rote limits, write RI	JRAL ond g	give near	est town)	
	d. NAME OF HOSPITAL (If not in hospitot, give stree OR INSTITUTION Frederick Memorial Hosp	et oddress) oital	d. STREET ADDRESS 257 We	st Pa	trick St	reet		ON A I	FARM?
3.	NAME OF First DECEASED (Type or print) CHARLES	Middle EDWARD	COLE, SR.	4. DATE OF DEATH	Mon Ma	n arch	Day Yes 19		958
5.	1607 - 1800-140	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 18 Nov 1895		9. AGE (In years last birthday) yrs.	Months		F UNDER Hours	Min.
	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	L. KIND OF BUSINESS OR INDU Furniture Busine			ountry)		JSA	WHAT	COUNTRY
	FATHER'S NAME		14. MOTHER'S MAIDEN N						
C	harles E. Cole		Ida M. Ston	er					
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? I s. no. or unknown) Yes  WWI		nformant rs. Margaret W	lickle	Addr ss Cole (		as ]	Item	#2)
NO	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITION:	S <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMII	NAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(o) 19.	. WAS A	UTOPSY
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port	11 of item 18.)			YES	
MEDICAL	Hour a. n. Whi		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	, 20f. (City	or town)	(0	County)		(Stote)
	21. I certify that I attended the decedalive on	and that death	occurred at 3:15F	et St.	the causes a	stote)	ne date	stated	d above
22	BEENDVAL (Specify) 226. DATE THEREOF 3-4-58	20c. NAME OF CEMETERY O Mount Olivet		22d. LOCAT	ion (City, town, o erick, Ma	r county) arylar	nd	(Stote)	
23.	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, H	ADDRESS Frederick, Maryl	1	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	3	

MOSPITAL CA ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the haspital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL may be reto TO FUNERAL D

ofter death. Page 4 e funeral director, files with

and 2 should be

PRASE OF STADRITRED TEATH reserve a The Sus History and State the state to the Tolke Tolke Tolke APPLICATE TO THE DESCRIPTION OF THE PROPERTY O

#### CERTIFICATE OF DEATH

<u> </u>	335	EKIIPICAI	E OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Frederick		MARYLAND	maryla	deceased lived. If institution b. COUNTY	Frederick
b. CITY OR TOWN (If outside corpord RURAL and give nearest town)  Rural Frio	lerick 1	OF STAY IN 16	c. CITY OR TOWNS (IF outs	ide corporate limits, write RUF	(AL and give nearest town)
d. NAME OF HOSPITAL (If not in hos OR INSTITUTION	pitol, give street oddress)	1	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fint IE GROS	Middle HON C	lost 4	DATE Month OF DEATH RELECT	Day Year
5. SEX  6. COLOR OR  W		ER MARRIED   8. D	DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b. KIND OF BU retired)	Come	maryla	ud	12. CITIZEN OF WHAT COUNT
Elias abran	yroslo	n !	Mary Cat	herine D.	eve
15. WAS DECEASED EVER IN U. S. ARME  Yes, no. or unknown  (If yes, give wor or o		URITY NO. 17. INFO	Bruce E. C	Prum R.F.	D3, Fred, m
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	DBY: A de	and (c).]	nyeusa	tran	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	OUE TO arterioses	lustie can	Kerroscula	diserse	Saveslye
_	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH INER) 206. DESCRIBE HOW	INJURY OCCURRED. (E	Enter nature of injury in Por	t I or Part II of item 18.)	
OG TIME OF INJURY Month, Da Hour a. m. p. m.	y, Year 20d. INJURY OCCU While Nat wh at work at work	ile factory	OF INJURY (Home, farm, ,, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (Stat
21. I certify that I attende	1 12 1	July			that I last saw the decea d on the date stated abo
ACTUAL SIGNATURE SULLET	A. Doub	rueM.D		DRESS (Street, city or town, sto	
PHYSICIAN'S ERNES	TA. DETTA	BARN	Wille	will me	anyland
220. BURIAL, CREMATION, 22b. DATE 1 REMOVAL (Specify) 3/2	1/58 mt.1	of CEMETERY OR CE	rematory 2	ed. LOCATION (City, town, or Woodsboro	country) (State)
23. FUNERAL DIRECTOR'S SIGNATURE 4. C. Barton	Walker	ville,	nd. DATE MAR	150 Dags	CAR'S SIGNATURE

may be retained by the haspital or attending physician.

• FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. may be retain TO FUNERAL TO HOSPITAL VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

he funeral director, should be filed with

	AJAUS IN THE STATE OF THE STATE			
			Same !	
			314 4/4	
WATCHER OF THE APPLICATION OF TH				
ANN SELECTION OF THE PROPERTY				
JUREAU V.	Selection of the select			
MAR ST 1956	Reference in the second	Medical Company		THE STATE OF THE S

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3300 **CERTIFICATE OF DEATH**  03297

	3000				_		Reg. Dis	st. No.	
1. PLACE OF DEATH o. COUNTY Freder:	ick	MARYLAND	2. US	DAL RESIDENCE (WESTATE Maryla	here deceased und		Fred		
b. CITY OR TOWN (If outside co RURAL and give nearest town) Freder:		c. LENGTH OF STAY IN 16	) c.	Frederick		u 1. / D	RURAL ond	giveneares	it town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION Patri	hospital, give street ck and Cou		/ d.	STREET ADDRESS	Frede	rick			IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Moi		Doy	Year
(Type or print) Zebul		Preston		arner	DEATH		ch 28		19 58
5. SEX 6. COLOR	OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE	OF BIRTH	11.99	9. AGE (In years lost birthday)			UNDER 24 HRS.
Male Wh:	ite WIDOW	ED DIVORCED	Jur	e 26 1887	7	70 yrs.	Months	Doys H	fours Min.
10a. USUAL OCCUPATION (Give kir during most of working life, eve	nd of work done 10b.	KIND OF BUSINESS OR INE	DUSTRY 11	BIRTHPLACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF V	WHAT COUNTRY
Retired Lab		Steel Worker		Maryland	1			USA	
3. FATHER'S NAME		0.000	14. A	OTHER'S MAIDEN N	NAME		-	•	
John S.W.Dar	ner			Sarah F.W	erkin	g			
15. WAS DECEASED EVER IN U. S. A	ARMED FORCES? 16.		Mrs d	ohn W.Wil	Les,Fre	Add ederick,		D.# 1	4
Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO  DUE TO  (c)	erebral Generaliza	he of c	nout	eder &	-0815		ONSET	AL BETWEEN AND DEATH
CATIC		CONTRIBUTING TO DEATH B	UT NOT RE	LATED TO THE TERMI	INAL DISEASI	E CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED? ES NO 1
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.	OF DEATH XAMINER) 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter	noture of injury in	Port I or Port	t II of item 18.)			
20c. TIME OF INJURY Month, Hour a. n. p. m.	Doy, Year 20d. I While of wor	Not while	PLACE OF factory, str	INJURY (Home, form eet, office bldg., etc	n, 20f. (City	or town)	(0	County)	(Stote)
	rice wn	ed fram. Our	m.D.	Jagy	ADDRESS (SI	n the causes of treet, city or town,	and an th	last saw he date	the deceased stated above DATE SIGNED
220. BURIAL, CREMATION, 22b. D/ REMOVAL (Specify) 3/	31/58	St. Paul's			Jef:	fion (City, town, ferson	or county)	Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATU M.R. ET chison an		ADDRESS ederick. Md.			D BY REGIST	RAR 24b. REGI	STRARIS SIG	SNATURE	

e funeral director, should be filed with may be retained by the hospitol or attending physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72-hours after death. may be retained TO FUNERAL

M

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

The state of the s an weet . done Marie John Lists recorded the the CORN CARCUST Theoret's extract of THE PARTY HAVE BEEN THE PARTY OF THE PARTY O Life T Belleville will Belleville T (m/T y/Level T-55) with offers long means with my life. The first instance of the braid long. The big the life is the life in ESET I AGA ... THE PARTY OF THE PARTY OF the distribution of the first that the control of the

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3336

**CERTIFICATE OF DEATH** 

03298

1. Pl.	COUNTY	NER 1	CK	MAR	YLAND	2. USUAL RESIDENCE	(Where deceased	lived. If institution	on: Residence	before admi	ssion)
b.	CITY OR TOWN		. 6. 4	C. LENGTH OF STATE	1	c. CITY OR TOWN				e nearest tov	vn)
ه.	. NAME OF HOSE OR INSTITUTION	PITAL (If not in hos)				d. STREET ADDRE	ERTY	TOW		ON	SIDENCE A FARM?
D	AME OF ECEASED Type or print)	DLARA	First REB	Middl	D	AV1S	4. DATE OF DEATH	MON		Day 1	Year 19 4-8
5. SE	EMALE	COLOR	ED WIDOWI		ED	2/23/18	66	9. AGE (In years last birthday)  yrs.	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS. Min.
	HUUS	TION (Give kind of orking life, even if EMIFE	wark dane 10b. refired)	HOME	OR INDUS	TRY 11. BIRTHPLACE (	RYLAN	ountry)	12. CITIZE	US I	T COUNTRY?
	MM M	TD	AYIS			14. MOTHER'S MAID	Y ST	EWAR	7		
	VAS DECEASED EV	/ER IN U. S. ARME (If yes, give wor or d	D FORCES? 16. often of service)	NONE	0. 17. IN	FARLES I	DAVIS	4BER	7 × 70 h	W	MD
1		EATH [Enter only EATH WAS CAUSE IMMEDIATE CA	D BY:	ne for (a), (b), and (c	1-1	eil-				INTERVAL E	
	Canditions, if gove rise to	ony, which immediate	(b)	Cale	ri	De	lero	si	2		
_  -	lying couse last	g the <u>under-</u>	(c)	CONTRIBUTING TO D	FATH RITT	OF RELATED TO THE I	FRANKAI DISEASE	CONDITION CIV	ENI INI DART 1	-1 10 WAS	VZGOTIA
CERTIFICATION			Chirt						EIN IIN PART II	PERF	ORMED?
L CERTIF	20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF D Y MEDICAL EXAMI	EATH NER)	CRIBE HOW INJURY	OCCURRED	. (Enter nature af injur	y in Port I or Part	Il of item 18.)			
MEDICAL	Hour a. p. m.		While	NJURY OCCURRED  Not while  at work	20e. PLA fact	CE OF INJURY (Hame, ary, street, affice bldg.	farm, 20f. (City	or town)	(Cou	nty)	(Stote)
	21. I certify alive on	that I attended	the deceas		t death	8 , 19.57 , to occurred at 2.	MAN, from	14 , 1958 the causes a	that I las		
	ACTUAL SIGNATURE	1	N Le	gg	N	o. eli		eet, city or town,			ATE SIGNED
<u></u>	PHYSICIAN'S NAME (Type)	T, H	为山	gy i	Tus	) 4	14101	v 13	RID	GE	MD
-	BUR //	1 3/18	158	122 NAME OF CEN	LEY	CREMATORY	22d. LOCAT	ION (City, town, o	or county)	(Ste	MD
23.	UNERAL DIRECTO	Thu Y	Sous	Letyle	our.	Med DATE	REC'D BY REGISTI	158 245. REGIS	TRAR'S SIGN	ATURE	

This coeffig. The II officed collision for the Committee of France SESI BI NAM

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3337 CERTIFICATE OF DEATH

03299

	0001	CERTIFIC	AIL OF DEAT	•	Reg. Dist. No.	
O. COUNTY	ERICK	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYL)	there deceased lived. If institution b. COUN		e admission) RICK
RURAL and give neares	side carporate limits, write t town) RIDGE RURB	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	BRIDGE	RURAL and give near	rest town)
	If not in hospital, give street		d. STREET ADDRESS	ZIIIV U F		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First	Middle How MRD	Dit-LER	4. DATE OF DEATH	Worth Doy	Yeor 1958
MALE	White WIDOW		MARCH 2 1		ors IF UNDER 1 YEAR Y) Months Days yrs.	Hours Min.
EARMER	Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR INDI RETIRED	USTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	F WHAT COUNTRY
GEORGE E	Diller		14. MOTHER'S MAIDEN	T. Thomas		
5. WAS DECEASED EVER IN (Yes, no. or unknown) [If yes	U. S. ARMED FORCES? 16.	3-05-82642	LOYD DILL	ER BAL	TIMORE	170
Conditions, if any, gove rise to imme cause (a), stating the lying cause lost.	under-	Caroin	ma -	liver		ET AND DEATH
8		CONTRIBUTING TO DEATH BU				P. WAS AUTOPSY PERFORMED? YES NO
	DERLYING [ 206. DES CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I ar Port II af item 18.)		
20c. TIME OF INJURY A Hour a. ji. p. m.	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form octory, street, office bldg., etc	n. 20f. (City or town)	(County)	(Stote)
alive on M	attended the decease	1	2, 19.5%, to 3	MAY 2719 e M, from the cause ADDRESS (Street, pity of tov	s and on the dat	
PHYSICIAN'S NAME (Type)	TN. LE	GA MID	M.D. Steel	DU BOIT	ites.	M D.
20. BURIAL, CREMATION, REMOVAL (Specify) BUKINA	22b. DATE THEREOF 3/29/58	22c. NAME OF CEMETERY OF Thodisi	OR CREMATORY  COME TORY	22d. LOCATION (City, tow	rn, or county) .  FREDERICKS	(State) MD
13. FUNERAL DIRECTOR'S SIG	GNATURE (4) Y LAMA!	Muon Rrida	MA. DATE M	1 2 2 4	EGISTRAR'S SIGNATUR	Ε

e funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

153

00

8361 IE AAM

(	M	1	1.	-
1	- 5"	1	-	_

he funeral director, should be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 page 3 shauld be detoched for use as the burial-tronsit permit. Then please remove carbon popers. Pages 1 and the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. ECTOR: After this certificate has been signed by the attending physicion and completely filled TO HOSPITAL OR moy be retor VS A15 (4) 1SM 9/SS

			CERTITI	CA!	L OI DEA				Reg. D	st. No.		
PLACE OF DEATH     O. COUNTY	Frederick		MARYLAN	- 11	. USUAL RESIDENCE o. STATE Mar	(Where de yland	ceased live	d. If institution b. COUNTY		eder		ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, vinearest town)  Frederick		STH OF STAY IN Setime	1b	c. CITY OR TOWN	(If outside deric!		limits, write RI	URAL ond	give nec	rest town	1)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give N Frederick Mer		Hospital		d. STREET ADDRES		2nd.	Stree	t			FARM?
3. NAME OF DECEASED (Type or print)	Louise	El:	Middle izabeth		Lost Dorsey	4. D.	ATE F EATH	Mar	h ch 15	Da	,	Yeor 19 58
5. SEX Female		IDOWED A	HONORAL ASTON		une 24-18	74	9. A	GE (In years birthdoy) yrs.	Months	Doys	Hours	ER 24 HRS. Min.
during most of w	TION (Give kind of work don orking life, even if retired) SEWITE	Own		NDUSTR	Y 11. BIRTHPLACE (S Mary:		ign country	y)	12. CI		S.A.	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME						
Wm.	Francis Crous	se			Mary	Eliz	abeth	Neidh	ardt			
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORCES				Mary E.	Dorse	y-400	Addr 7 Conn	-	- TXT	esh	-D.C.
Conditions, if gove rise to caese (o), stotin lying couse los	immediate DUE TO	Atz.	inle	· l	Her	*	desi	Has		5	yes	er T
CATIC	OTHER SIGNIFICANT CONDIT				OT RELATED TO THE TO			681	EN IN PAI	RT 1(o) 1		AUTOPSY PRMED? NO DA
(IF EITHER, NOTIL	URY Month, Day, Year		t while	PLACI foctor	OF INJURY (Home, y, street, office bldg.,	form, 20f.	(City or to	own)		County)		(Stote)
21. I certify that I ottended the deceosed from Nov., 1954, to Nov. 15, 1956, that I lost saw the deceosed olive on Nov., 1956, that I lost saw the deceosed olive												
220. BURIAL, CREMAT REMOVAL (Speci Burial	TION, 226. DATE THEREOF		AME OF CEMETER		REMATORY		OCATION	(City, town, o		larv	(Stot	e)
23. FUNERAL DIRECTO	DR'S SIGNATURE W	. AD	DRESS	i U	24a. I	REC'D BY R				-		
C.E.Ch	ne & Son	Frede	erick- M	aryl	and DATE	LAD 1 C	750	10 /		~ /		

CERTIFICATE OF DEATH

BUREAU Y. S.

STEE 61 AAM

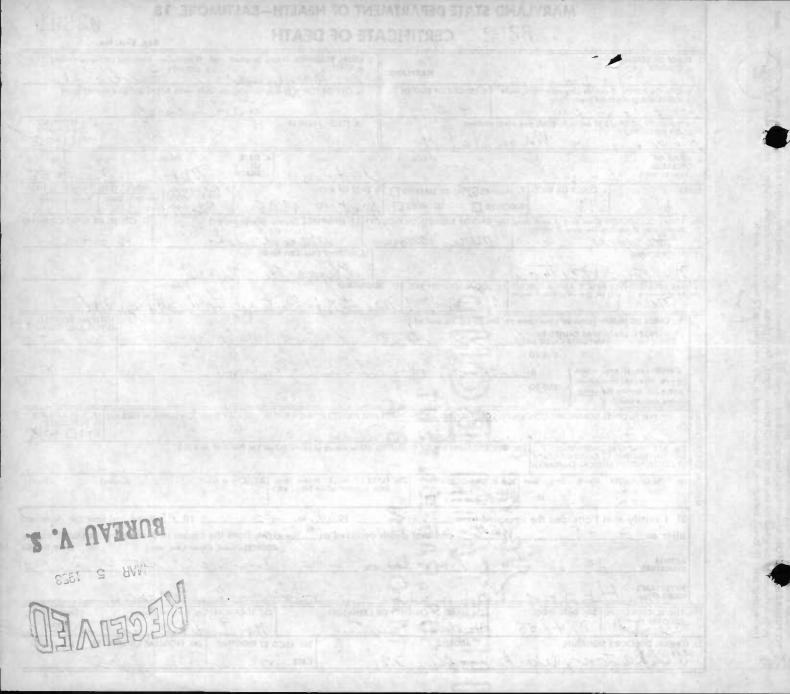


100 - 121

Telephone Committee on Committe

BUNGSTON - HERBERT F.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



YS A15 (4) 15M 9/55 00

MARYLAND	STATE DEPAR	RTMENT OF	HEALTH-BALTIMORE,	18

CER1	IFICA	TE C	OF D	EATH
OF!		115		LOIL

03302

	3338		CERTII	ICAI	LOIDLA			Reg. Di	st. No.		
1. PLACE OF DEATH a. COUNTY Fre	ederick		MARYLA	- 11	o. STATE Mary	Where deceos	ed lived. If institut b. COUNT		deric		ion)
RURAL ond give n Adams town	(If outside corporate limit nearest town) 1—Rural RD#1		c. LENGTH OF STAY IN 9 Years	1 1Ь	c. CITY OR TOWN (I		orote limits, write Rural RD		give near	est town	)
d. NAME OF HOSPI OR INSTITUTION Near Doub	TAL (If not in hospitol, gi	ive street	o ddress)		d. STREET ADDRESS	Doubs			0		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Firs GEOR		Middle WEBSTER	R	FITZE, SR	4. DATE OF DEATH	Mo M	nth arch	Doy 11		Year 19 58
5. SEX Male	White	WIDOW			ATE OF BIRTH  14 Aug 187		9. AGE (In years lost birthdoy) yrs	IF UNDER Months		Hours	R 24 HRS. Min.
Retired Fa	ON (Give kind of work d rking life, even if retired) RIMET	lone 10b.	KIND OF BUSINESS OR arm Owner	INDUSTRY	11. BIRTHPLACE (Sto Marylan		country)	12. CI		WHAT	COUNTRY
13. FATHER'S NAME George Fit				1	4. MOTHER'S MAIDEN Elizabeth		eld				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of se	ES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT Barbara M	. Fitz		as it	tem #	(1)	
33/X Conditions, if a gove rise to a couse (o), stoting lying couse lost.	immediate (	Lies	be, lener	n/L	li ha S	Elina	ge ,		6	T AND	1 1 -
20g. ACCIDENT W.	HER SIGNIFICANT COND  AS UNDERLYING   G  CAUSE OF DEATH  MEDICAL EXAMINER)		CRIBE HOW INJURY OCC					VEN IN PAR		PERFOI YES	AUTOPSY RMED? NO (C)
20c. TIME OF INJUI Hour a. gr. p. m.	RY Month, Day, Yea	r 20d. It While of work	Not while	De. PLACE foctory	OF INJURY (Home, fa , street, office bidg., e	rm, 20f. (Cit	y or town)	(1	County)		(Stote)
actual SIGNATURE	hat I attended the	_ 195 W	ne de de	/	., 19.57, ta_ curred at 9:10 30 W. All	ADDRESS (	m the causes of	and on the	he date	state DA	deceased abave TE SIGNES 12–58
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	3-14-58		20c. NAME OF CEMETE Mount Carme				TION (City, town, rick Cour		laryl	(Stote and	)
23. FUNERAL DIRECTOR M. R. Etc	rs signature chison & Son	, Fr	ADDRESS ederick, Man	rylan	7	C'D BY REGIS		STRAR'S SIG	SNATURE		

Ten

CET BASE HE SAME SAX AT A BASE HE SAME BUREAU K. E. E. Ja Karnosa Wash (pdf Bran, 17 E.S.) -3561. PI . BYW .. The first termine, have a termine 

# FOR STATE

HEALTH DEPT.

Page files. Heolth, rector. of to

retair e State 50 Page Pages n PM3. pages form File p H. E alang iit pern burial-transit 23 Office Examiner O Chief Medical I buriol. the wo writing to the Page orwarded DIRECTOR: designated 4 shauld

0

0 VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03303

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) and give negrest town) Life Middletown Middletown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES | NO TO 3. NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED (Type or print) Elizabeth Ellen 30 1958 Flook DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE He years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours 82 yrs. WIDOWED To DIVORCED [ I875 September 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Retired housewife Frederick Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Singleton E. Remsburg Frances E. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Grayson Flook, Middletown, Md No none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DRATH PART I. DEATH WAS CAUSED BY Artero Sclerotic Cadio-Vascular disease IMMEDIATE CAUSE (0) DUE TO With acute pulmonary edema Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES T NOY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stale) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. and in my opinion deoth resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER-NAME (Type) B.O. Thomas March 31.1958 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) utheran Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAPR 2 Co. Middletown Md.

Moizel m SEST & AGA III THE RESERVE THE MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

death,

haurs

within

MANUAL STATES WHER WIND THE THE PROPERTY ASSESSMENT OF THE PARTY OF

SESI 78 AAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

YES NO

Yeor

19

alles

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

58

death.

# LATE OF SEVE Sand with the old Cherle I I molded Sove TALBYS 14.8.0 tions and mid-Helyin D. Form Electricity .- Windows -- No. the sect the contribution of the bound of the law. 8391 88 AAM 228 - North Market Bt. THE PARTY OF THE P

- 15 - 15 ST -

03306

may be referred by the hospital or attending physician.

Description of the hospital or attending physician or attending physician ond completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

N

00

I

VS A15 (4) 15M 9/S5

		33	41	CEKII	IFIC/	AIE OF L	JEAII			Reg. D	ist. No.			
1. PLACE OF DE		rick		MAR	YLAND	2. USUAL RESI	DENCE (W		lived. If instituti b. COUNTY	-		re odmiss		
b. CITY OR T		outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If	outside corpoi	ote limits, write R	URAL and	give nec	crest fow	n)	
Midd	Ret	own Rura	1	ye.	ars	X Mid	dlet	own R	ural					
d. NAME OF OR INSTIT	HOSPITAI UTION	L (If not in haspital, g	jive street	address)		/ d. STREET A					IDENCE FARM?			
3. NAME OF DECEASED		Fir	sf	Middle		Los	st	4. DATE	Mon	th	Do	у	Yeor	
(Type or prin	1)	Mary		Rebec	ca	Gaver	Ver DEATH		3	3	20	)	19 58	
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRT		files (view	9. AGE (In years				ER 24 HRS.	
female		white	WIDOW	DIVORCE	0 0	12/24/	1867		last birthdoy) yrs.	Months	Days	Hours	Min.	
during most	CUPATION of workin	g life, even if retired	done 10b.	own hom			ryla	_	ountry)	12. C		S .	COUNTRY	
13. FATHER'S NA				0 1122 22 0215		14. MOTHER'S	e/							
Torre	on '	F. Aushe	m o n			Mo	mar H	offma	cter					
1S. WAS DECEA	SED EVER			SOCIAL SECURITY NO	), 17, 1	NFORMANT	- L . Y - 1.1	Ollma	Add	ress				
(Yes, no, or unknown	3 1"	yes, give war or dates of s	ervice)	none		he Vad	a Ga	ver.	Middlet	own.	. Md			
IR CAUSE	OF DEATH	1 [Enter only one or	ure per li	ne for (a) (b) and (c)		/ 100		, ,		70 1122		ERVAL BE	TWEEN	
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:										ONSET AND DEA			
Condition gove rist couse (o), lying cous	ns, if any to im-	mediote (	(	Th. Vale	zele	in Hea	ux a	tisse	e e					
3 119	2 X	R SIGNIFICANT CON	DITIONS	***************************************						EN IN PA	PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO			
	ENT WAS BUTING [ NOTIFY M	UNDERLYING [] ] CAUSE OF DEATH [EDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter nature o	of injury in	Port I or Port	16 of item 18.)					
WEDICAL Hour	F INJURY o. m. p. m.	Month, Day, Ye	ar 20d. II While of wor	NJURY OCCURRED  Not while of work	20e. PL fg	ACE OF INJURY ( ctory, street, offic	(Hame, form e bldg., etc	20f. (City	or town)		(County)		(State)	
21. 1 cer alive an	A	t I attended the	, 12	ed fram M., and that		7, 1951 accurred at	1215	PM, fram	the causes of the cause of the causes of the causes of the causes of the cause of the causes of the causes of the causes of the cause of the causes of the causes of the cause of the causes of the cause of the caus	ind an		te state		
PHYSICIAN NAME (Typ	16	r. J. El		Harp		M.U	Mid	dleto	wn, Md.					
	Specify)	3/23/1	958	Zzc. NAME OF CEM		R CREMATORY		Myer	ION (City, town,	.5.1	Mc	(Stot	(e)	
23. FUNERAL DI				ADDRESS				D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATUI	RE	1/1/2-	
Glad	dhil	1 Compan	У,	Middleto	wn,	Md.	DATMA	R 2 6 '58	July 1	edu	Un-			

HEAD SO DEATH OF CONTROL OF CONTR

BUREAU Y, S.

8361 98 AAM



I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3304 CERTIFICATE OF DEATH

03307

	000								Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY Fred	lerick		MA	RYLAND	2. USUAL RESI	arylar	ere deceased	b. COUNT	Y Fred	e before	admission)	
b. CITY OR TOWN (III RURAL and give ne Frederic	f autside corporate limits, egrest town)	write	c. LENGTH OF ST.	AY IN 16		rederi		rote limits, write	RURAL and g	jive neare	est town)	
d. NAME OF HOSPIT OF INSTITUTION 730 Nort	AL (If not in hospital, give th Market St	reet o	ddress)		d. STREET /		rth Ma	rket St	reet		IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	Fins MYRTLE		ALICE Mid	die KUHL <b>M</b> L	AN GITT		4. DATE OF DEATH	_	onth March	18,	Yea	58
5. SEX Female	2077 . 2 .4	MARRI	ED NEVER MAI	RRIED	B. DATE OF BIRT 7 Sept	1887		9. AGE (In year last birthday) yr	Months	-		24 HRS. Min.
10a. USUAL OCCUPATIO during most of work House-	ON (Give kind of work dor king life, even if retired) -WOPK		wn Home	OR INDU			or foreign co			ZEN OF	WHAT CO	DUNTRY
13. FATHER'S NAME					14. MOTHER'S			7				
	R. Moberly					y Cath	nerine	Barnes				
15. WAS DECEASED EVEL	R IN U. S. ARMED FORCE Ilt yes, give war ar dates of servi	ce)	None		erles V.	Fulme	3, F	17 S. Marederick	rket . k, Md.	St.,		
Canditians, if an gave rise to in cause (a), stating (lying cause last.	mmediate DUE TO	an	terio.	ry	thron	Her	r rf c	lisea	re	ONSE	YAL BETW T AND DE	EATH -/-
260X	S UNDERLYING 20	v	Prelle RIBE HOW INJURY	tus	290	trife	icen	na	IVEN IN PAR		PERFORM YES N	ED?
7	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 19	While	JURY OCCURRED  Not while  at work	20e. PL.	ACE OF INJURY ctary, street, affic	(Home, farm te bldg., etc.	. 20f. (City	ar tawn)	(0	County)		(State)
ACTUAL SIGNATURE	obert S. Tur	12.5 Les	8, and th	at death	occurred at	4:15A	_M, from	n the causes reet, city or town Freder	and on th	ne date	stated	above
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	3-21-58		Mount O		R CREMATORY Cemeter	У		ion (City. tawn, erick, N		nd	(Stote)	
23. FUNERAL DIRECTOR'S	s signature chison & Son	, Fr	ederick,	Mary:	land		BY REGIST	1	SISTRAR'S SIC	-/		

			Notice of
	A Janbert		
23 9910 000	Send garned and		
	To I done		all all makes
		word to a	
			CORRECTION OF THE CORRECT OF THE COR
	O STATE NAME OF STREET		
		The state of the s	
N UARRUR	ST ALL ST SERVICES OF THE SERVICES		only and the bounds of the Million (1715) If the many of the Million of the Million (1715)
2561 08 - AAM	ę •	•	mortal disconding the control of
DECEIN		SO THE BUILD IN THE STATE OF TH	
	Sent Comment of the Sent C	the state of the s	all was real rate and and as

M

**CERTIFICATE OF DEATH** 

03308

Reg. Dist. No.

1 BLACE OF BEATH				11 0 100	Hat breingerer	40 1	1 1 10 10 11		1.0		
1. PLACE OF DEATH	o. COUNTY Frederick MARYLA					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland  b. COUNTY  Frederick					
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (II	f outside corpor	ote limits, write f	RURAL and g	give neares	town)	
RURAL ond give r			2 yrs.	X	Sabi	illasv	ille				
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)	/d.	STREET ADDRESS					S RESIDENCE ON A FARM? ES NO	
3. NAME OF DECEASED (Type or print)	FLORA	s†	VIOLET	GREI	Lost	4. DATE OF DEATH	Mar Mar		Doy	Yeor 19 58	
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.	
Whitake	White	WIDOW	ED DIVORCED	Jar	n. 21, 1	1897	61 yrs.	Months	Doys H	ours Min.	
10a. USUAL OCCUPATION of working most of working MouseW	ON (Give kind of work rking life, even if retired 110	done 10b.	Own home	USTRY 11	Maryla Maryla	te or foreign co and	untry)		U.S.	VHAT COUNTRY	
13. FATHER'S NAME				14. /	MOTHER'S MAIDEN	NAME	7-11-				
Jack W	olfe				Blar	nche	Baker				
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR Ill yes, give wor or dates of s		0 (0	Rex		~ Ca1	Add billasv		2/	ryland	
Conditions, if a gove rise to couse (o), stoting lying couse lost.  Part II. OT	the under-	a	experted in CONTRIBUTING TO DEATH BI	vu.	eletres  if le  elated to the teri	<i></i>	CONDITION GIV	/EN IN PART	P	NAS AUTOPSY ERFORMED?	
O (IF EITHER, NOTIFY	AS UNDERLYING AS CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter	r noture of injury in	n Port I or Port	It of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Yes	While of wor	Not while	PLACE OF factory, st	INJURY (Home, for reet, office bldg., e	rm, 20f. (City	or town)	(0	County)	(Stote)	
alive on ACTUAL SIGNATURE	hat I attended the March  Dr. Harry	deceas , 195		th occur	1957, 10 rred at 400 Blue	M, fram	the causes of the cause of	and an th	ast saw ne date	the decease stated abav DATE SIGNE	
220. BURIAL, CREMATIC		F	Mt. Bethel				ion (City, town, Garfiel	-	Mary.	(Stote) Land	
23. FUNERAL DIRECTOR	R'S SIGNATURE	a m	ADDRESS Thurmont	Ма	240. RE	C'D BY REGISTE		STRAR'S SIG	SNATURE	1	

TO FUNERA VS A15 (4) 15M 9/55

) · · · ·				
II A				
			March 1945 p. des 2011	
			See Fig. 3 at 1	10000
	or year annual territory			
Was to the second			100	
	700		THE WALLES OF THE	
	Y UNITED A	(August 1		
BUREAU V. S		All almost		
BUREAU V. S		All almost		
BUREAU V. S		All almost		
BURINU V. S.		All almost		

H	E	Al	1	H
should be exacated within 24 hours after death. If any delay is, necessary, please I	ng" in pencil in Item 18. Give Pages 1, 2, and 3 to the funery Rirector. Page in	taminer's Office along with farm PM3. Page 5 may be retained in your files.	1) TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 20ard of Health,	tion, ar removal, and in any event within 72 haurs after death.
TO DEPUTY MEDICAL EXAMINER: This certificate should be ex	execute the lifticate, writing the word "pending" in pencil	4 shauld be stranded to the Chief Medical Examiner's Offi	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tr	ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death.
VS 5	M :	15	ME 7	

1			MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	03309
OR ST	ATE			CERTIFICATE OF DEATH	(, 0 0 0
	DEPT.		3343	Reg. Dist.	
	M		o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE // A.Y. // A.H. d. b. COUNTY	e before admission)  Odevick
files. Health	599	ь	D. CITY OR TOWN If outside corporate limits, write RUPAL and give pearest lown	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive necrest town)
of of			Rural-Izamsville 19 yrs.	XKuval: Liames vill	0
- Sopard	00	C	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
tate		3.	NAME OF First Middle	Last 4. DATE Month	Doy Year
200			(Type or print) WIMSON Virginia		2 1958
y be th the		5. 5		lost birthday)	
E W			TEMPLE C WHOOMED DIVORCED 1/0	0-22-1938 19 yrs. Months Do	ys Hours Min.
2 d 2 5	7	100	I. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)		N OF WHAT COUNTRY?
Pog I	-/		Non employed	maryland U.	s,a.
M. 86 A.		13.		4. MOTHER'S MAIDEN NAME	7-4-4
2 0 0			NOT KNOWN .	BETTY W. HURRIS	
th farr File any ev			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO. 17. INFO. 17. INFO. 17. INFO. 18. INFO. INFO. 18. INFO. 18. INFO. 18. INFO. 18. INFO. 18. I	VMA Melkssa Havris	Tjames-
E.C.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1 0	INTERVAL BETWEEN
lang			PART 1. DEATH WAS CAUSED BY: Broncho-PME	umonia left	3 /2 / LLICE
d'sign	./		491X DUE TO		
Office I-tro			Conditions, if ony, which) (b)		
urio r re		-	gave rise to immediate cause		
o de			(a), stating the underlying cause last.		TA SHELL OF
ical Exami		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19, WAS AUTOPSY
Sed E	2	¥	Scoliosis marked with	severe chest deformity	PERFORMED?
dico.		F	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Ente	er nature of injury in Part I or Part II of item 18.)	
Me		CERTIF	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
Chief 3 shou		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED While Not while foctory p. m. 19 of work of work	OF INJURY (Home, form, , street, office bldg., etc.) (County, street, office bldg., etc.)	y) (State)
age prid		2	21. I certify that I took charge of the remains described above	e, held an Autopsy , Inspection , Inquiry	C, and in my
5 P			opinion death resulted from: Natural causes , Accident		
10 de			opinion death resorted from: National causes [2], Accident	, Solicide [], Hollicide [], Onderermined mo	inner 🔲
SE CO			ACTUAL B. O. Thumas In	CHIEF MEDICAL EXAMINER	DATE SIGNED
D E	~		SIGNATURE J. D. 1 CONTROL	ASSISTANT MEDICAL EXAMINER   MARIE 2	5, 1958
ERAL DIRE	d		EXAMINER'S B. D. Thomas Jr.	DEPUTY MEDICAL EXAMINER	
UNE d		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CA		(Stote)
K W ILL			PEMOVAL (Specify)	Ch. Ceme. CENTERVIlle -	- Md
2	(4		FUNERAL DIRECTOR'S SIGNATURE IN, ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN.	ABURE
A15ME 2/57	034		C. E, Cline + Son Frederick-	Sud. DATEMAR 2 8 '58 Cll Leduc	h

BUREAU V. E.

836I 80 8VV

ne funeral director,

03310

3344

CERTIFICATE OF DEATH

	CCI	I						Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	2. USUAL RESI		ere deceose	d lived. If institution b. COUNTY			re odmiss	ion)
b. CITY OR TOWN (I RURAL ond give no Adamst	f outside corporate limi earest town)	ts, write	LENGTH OF STAY IN 16		town (If o		prote limits, write R				1)
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, g	ive street od	dress)	d. STREET A	DDRESS	T.					FARM?
3. NAME OF DECEASED (Type or print)	Fir HERBERT	ri LESTE	Middle R. HARRTSON	Los	t	4. DATE OF DEATH	Mon Marc		Do	,	Yeor 19 58
5. SEX male	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	Sept 26			9. AGE (In years lost birthday) 65 yrs.	IF UNDER	000 000		ER 24 HRS Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	)	nd of business or indi Unknown	USTRY 11. BIRTHP			ountry)	12. CI	USA	F WHAT	COUNTR
13. FATHER'S NAME Well+	er Thomas H	ianni s	on	14. MOTHER'S		Lee Re	novos.		7.,		
15. WAS DECEASED EVE		CES? 16. SC ervice)		INFORMANT	Harri		Adamstow				
20a. ACCIDENT WA	m mediate the under (c)  HER SIGNIFICANT CON  AS UNDERLYING   O CAUSE OF DEATH	) ) DITIONS <u>CO</u>	E W JU  NTRIBUTING TO DEATH BU  IBE HOW INJURY OCCURR					EN IN PAR	RT 1(o) 1	9. WAS	AUTOPSY PRMED? NO []
(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a. ft. p. m.	MEDICAL EXAMINER)	or 20d. INJ While of work	_ Not while f	LACE OF INJURY ( octory, street, office			or town)	(1	County)		(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	L.R.School	Scholman,	in and that death or hour	M.D	228	M, from	n the causes a lired, city or town, Market S	ind on t	he da /22/	te state	decease ed abov ATE SIGN
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMETERY				TION (City, town, o	or county)	V:	(Stot	e)
23. FUNERAL DIRECTOR		esbur	ADDRESS		24a. REC'I	BY REGIST		TRAR'S SI	GNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL CETOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

mas/masshir 1323 THE ST 1323 MINTERSON OF THE STATE OF THE S with the control of t

VS. A15ME(5) 5M 9/55 00

03311

3345				Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (V		ution: Residence before admission) Y Frederick
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)  Doubs	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (IF		RURAL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) EDNA	Middle ELGIVA	Lost HICKMAN	4. DATE Month OF DEATH Man	- 10
5. SEX 6. COLOR OR RACE 7. MARI WIDOW		DATE OF BIRTH 25 Jan 1884	9. AGE fin years lost highday) 44 yrs.	Months Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) House-work	Own Home	11. BIRTHPLACE (Stote Maryland		USA
13. FATHER'S NAME Meredith D. Copeland		14. MOTHER'S MAIDEN N		
IYes, no or unknown) I fif yes nive war or dates of service)		Walter Hick	man, Sr. (Same	
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  LACO. DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (c)		o Viloion		Munutes
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	EDNTRIBUTING TO DEATH BUT NO BE HOW INJURY OCCURRED. (Er			VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d.	. INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	, 120f. (City or town)	(County) (Stote)
21. I certify that I taak charge of the death resulted from: Natural causes	remains described above			
ACTUAL SIGNATURE CAMPAGES TO THE EXAMINER'S	nomes	_M.D. CHIEF MEDICAL EX	AL EXAMINER	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF BUTIAL (Specify) 3-29-58	M. D.  22c. NAME OF CEMETERY OR C Mount Olivet C		22d. LOCATION (City, town, Frederick, Ma	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS	24a. REC'I		STRAR'S SIGNATURE

the disc. I like in the second of the local of BUREAU V. E. WYB 58 1828 That take we take the think a market a facility

Union Cemetery

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Frederick

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO IX

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

USA

(County)

Lovettsville, Virginia

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE MAR 2 6 '58

Months

e. 15 RESIDENCE ON A FARM?

YES INO IN

Yeor

58 19

2

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

(the men of many through the state of the st MAR 26 1958 THE HALL STORES The state of the s The state of the s 69

I

<b>MARYLAND ST</b>	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
--------------------	-----------------	----------------------	---

CERTIFICATE OF DEATH

03313

		311		100				Keg. Di	IT. 140.	
1. PLACE OF DEATH o. COUNTY	Mars dans find		MARYLAND	2. USU/ a. ST	ATE		d lived. If institut b. COUNTY			
L CITY OR TOWAL	Frederick If outside corporate limits	e weite	c. LENGTH OF STAY IN 16		Mary.				lerick	
RURAL and give n	earest town)	3, WIIIG		E. CI			prote limits, write l		200	
	Frederick		18 days	X		ce and	Plenty"	near		
OR INSTITUTION	TAL (If not in hospital, gi			d. S1	REET ADDRESS					S RESIDENCE ON A FARM?
	Frederick M	emor	ial Hospital						Y	ES 🚺 NO 🗌
3. NAME OF DECEASED	Firs	t	Middle	16.5	Lost	4. DATE OF	Moi	nth	Day	Year
(Type or print)	David		Chester	Ke	emp	DEATH	1	March	3-	19 58
5. SEX	6. COLOR OR RACE	7. MARR	RIED MEYEK-MARKHEDIET	B. DATE C	F BIRTH		9. AGE (In years	IF UNDER		UNDER 24 HRS.
Male	White	WIEGWI	HE WASHINGTON	Mar	ch 24-18	373	last birthday) 84 yrs.	Months	Days H	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. I	BIRTHPLACE (State	e or foreign c	auntry)	12. CIT	IZEN OF V	VHAT COUNTRY
Retired			Own Farm		Maryland	1		1	ILS.A	
13. FATHER'S NAME	2 000 11,00		CARL POLIN	14. MC	THER'S MAIDEN				Uallan	1
D. Col	umbus Kemp				Anna Wal	Leutt				
	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFORMAN				ress		
No. or unknown)	(It yes, give war or dates of se		None Ma	s. D.	Chester	Kemn	- "Peace"	reder	ick-M lenty	
18. CAUSE OF DE	ATH [Enter only one cou	se per lin			V330 V V V	HOMP	10000	and I		AL BETWEEN
	ATH WAS CAUSED BY		Inomia						ONSET	AND DEATH
181.0	IMMEDIATE CAUSE (o)	-	J. J. J.		4.				- 0	was,
Conditions, if a	any, which ) (b)	m	Mastalia	mi	digna	uly	of ret.	Kill	ely 8	mas.
couse (a), stating lying cause last.		m	aliman	240	7 al	ado	ler		21	pro.
PART II. OT	HER SIGNIFICANT CONE	ral	contributing to DEATH BU	1 - 1	ED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PAR	P	VAS AUTOPSY ERFORMED?
□ OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR			Part I or Par	t II of item 18.)			<u> </u>
	RY Manth, Day, Yea	r 20d. II	NJURY OCCURRED   20e. F	LACE OF IN	JURY (Hame, far	m, 20f. (City	or town)	(0	County)	(State)
20c. TIME OF INJUS Hour a. m. p. m.	19	While of wor		octory, stree	t, office bldg., et	c.)		/		
21. I certify th	hat I attended the	deceas	ed from Por	l., 1	956 to 3	mar	Oll., 195	that I	last saw	the deceased
alive an 2	much	. 19	and that deat	h) occurre	ed at 3:45A	M, from	n the causes	and on th	ne date :	stated above
0	0	1/	11:11	4			treet, city or town,		1-11-1	DATE SIGNED
ACTUAL	harles.	X	OXULY11	M.D.	Prof	ession	al Bldg.		3-	-4-58
PHYSICIAN'S										
	Dr. Charles	H. (	Conley Jr.		Fred	erick-	Maryland			
220. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMAT	ORY	22d. LOCA	TION (City, town,	ar county)		(State)
REMOVAL (Specify Burial	3-5-1958		Mt. Olivet	Cemet	omr	Fre	derick M	ลาร์สไลเ	of A	
23. FUNERAL DIRECTOR	S SIGNATURE OV	V.	ADDRESS		24g, REG	DISY REGIST		STRAR'S SIC		
C.E. Cles	ne & Son	1	Frederick-M	aryla	nd DATE	The same				

WHAT I DISCOUNT OF SALES Formula a land to the time to the land of 8361 7 AAM

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3307 CERTIFICATE OF DEATH

()3314

		V -						
1. PLACE OF DEATH a. COUNTY	Frederick	MARYL		usual residence (Wi a. STATE Mary	here deceased	lived. If institution b. COUNTY	Residence bef	
b. CITY OR TOWN ( RURAL and give no	If outside carporate limits, w earest tawn) Frederick	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF a		ote limits, write RU - Route 6	RAL and give no	earest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give s	rreet address) Emorial Hospit	tal /	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Vivien	Middle Aline		lost nedv	4. DATE OF DEATH	Mant		Pay Year 19 58
5. SEX Female	modt 6 s	Married 🔯 Nevermarine Säweb 📑 🚞 Kondroxced		ATE OF BIRTH March 3-191			Manths Days	R IF UNDER 24 HRS. Haurs Min.
Register	king life, even if retired)	10b. KIND OF BUSINESS OF		Pennsylv	rania	untry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN N				
	mer Blessing	16. SOCIAL SECURITY NO.	17. INFO	Amy Davi	S	Addre		
	(If yes, give war ar dates of service)			h E. Kenned	y - Ro			c_Md.
Canditions, if a gave rise to it cause (a), stating lying cause last.	mmediate ( DUSTO	namerus	Lu	ng als	res	and the same of th	8	days +
PART II. OTI		ONS <u>CONTRIBUTING</u> TO DEA		•			N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CCURRED. (E	inter nature af injury in	Part I ar Part	11 of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	V	Nod. INJURY OCCURRED While Nat while It work at work		OF INJURY (Home, farm, street, affice bldg., etc		ar tawn)	(Caunty	(State)
ACTUAL SIGNATURE	1 1	mas		curred at9:115P	M, fram ADDRESS (Str ional ]	the causes areet, city or town, si	nd an the do	saw the deceased ate stated abave DATE SIGNES
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	3-8-1958	22c. NAME OF CEME			22d. LOCATI	ON (City, town, or		(State)
23. FUNERAL DIRECTOR	's SIGNATURE Lou	ADDRESS Frederick-			D BY REGISTR		RAR'S SIGNATU	1

	HTAIG RO	OFFITHECATE (	
	All Annual Line September 1		
			A STATE OF THE STA
	THE EXPERIMENTAL CONTROL		noval state of the second
			Tegy swored Morney
			radaroli manol
, n			
	promote the harmonia with		
EVN A. Z	BOL	ment for	minels of felicity (1918 plane) for
8361 O 1 W	W · Francisco September		A COLUMN
15	AN	100	Language of the state of the st
BEINEL	) ] (   -	LOCAL BEST OF STREET	
		h -longer all	

308	CERTIFICATE	OF
UU		

	0	DUG	CERTIT	CAII	OIDLA				Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY FT	rederick		MARYLAN		usual residence ( b. STATE Mai	Where dece	OTT SAL	. If institution b. COUNTY		ederi		ion)
b. CITY OR TOWN ( RURAL and give n Fred		s, write	c. LENGTH OF STAY IN 1	1Ь	c. CITY OR TOWN (	If outside co	3	mits, write Rl	JRAL and	give near	est town	)
d. NAME OF HOSPI OR INSTITUTION	Memorial Ho		ddress)	1	d. STREET ADDRESS			rch St	reet	e		DENCE FARM? NO KOK
3. NAME OF DECEASED (Type or print)	First ALVI		Middle CHARLE	S	Lost KEYSER	4. DAT OF DEA		March		Day 6,		rear 19 58
5. SEX Male		7. MARRII	DIVORCED		oril 2, 1	377	9. AG	E (In years t birthdoy) yrs.	Months	-	Hours	R 24 HRS. Min.
during most of wor	king life, even if retired)		Road Dept.	DUSTRY	11. BIRTHPLACE (SIA		n country)		12. CI1	US US		COUNTRY
13. FATHER'S NAME			III TO THE	14	. MOTHER'S MAIDE			153				
Ch	arles Keyse	r			Sai	rah Wi	les					
15. WAS DECEASEDEVE (Yes, no, or unknown) No	R IN U. S. ARMED FORCE Iff yes, give war or dates of ser NO	rvice)	OCIAL SECURITY NO. 1 15-14-1333	7. INFOR	Lewis C.	Keyse	r-Sa	Addr ne as		#2		
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under- DUE TO (c).	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DIS	EASE CON	IDITION GIV	EN IN PAR	T 1(a) 19	. WAS	AUTOPSY
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	IRRED. (Er	iter nature of injury	in Part I or	Part II of	item 18.)				RMED?
20c. TIME OF INJUF Hour a. jr. p. m.	RY Month, Day, Year	While	JURY OCCURRED 20e Not while at work	factory,	OF INJURY (Home, fi street, office bldg.,	erm, 20f. (	City or to	wn)	(1	County)	R	(State)
ACTUAL SIGNATURE	Alaul 5 1. 17 Scl	_, 1253 ~~~C	rem hep	ath oc	Professi	ADDRESS	rom the (Street, c		nd on t		state	
22a. BURIAL, CREMATIC REMOVAL (Specify	Dr. Louis R.  DN. 225. DATE THEREOF  March 10,	F	2c. NAME OF CEMETER Utica Ceme		Frederic		CATION (	city, town, o		inty,	(State	_
23. FUNERAL DIRECTOR M. R. Etc		, Fre	ADDRESS ederick, Mar	ylan		AR 1 0		24b. REGIS	TRAR'S SIC	GNATURE		

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

out with gett.		ADMITTED	1 State	
Salestant Page 1			· , ·	
		dy4.00 to 11000 1	n'o t	
			man in the second of the secon	
der et inne				
			ing and the same of the same o	
2017	1000	72	Manage and the same	
2	· 12=01 .c	20 - 1		
		Cit and citation		
			The second	
				O STEEL
BUREAU V. S.	C \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	most feet time	27 A worldy that I are stad the disco- alise on,	
			an(1990)	
DECENTE		ा काम्स्य च मित्राह्या। विकास		
		ADDITION A	ankviso soil o xoso ank o dea infagli . ii .	

MARYLAND STATE DEPARTME

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3346 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 65 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS School Middle 4. DATE Last Month DEATH Brai 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH WIDOWED T DIVORCED | yrs. BIRTHPLACE (State or foreign country) 2 rme 14. MOTHER'S MAIDEN NAME a VI 16. SOCIAL SECURITY NO. 17. INFORMAN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)

03316

do

e. IS RESIDENCE INSTITUTION ON A FARM? YES NO DME NAME OF Day Year DECEASED (Type or print) 1958 IF UNDER I YEAR IF UNDER 24 HRS 5. SEX Months Days Haurs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF 8USINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH +mmediate 420.0 **DUE TO** erioscherotic Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office blda., etc.) Hour a. ft. While Nat while at work p. m. at work 1958, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 350 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) Cylwe 22b. DATE THEREOF 220. BURIAL CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) VOC 201 ROVE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

DATE

be filed should puo .5 puo physician гетоме offending ease within ģ permit. been si pup burial-transit has certificote as the detoched ECTOR: should TO FUNERAL the registrar 3

director, iled with

Page

death.

haur

24

within

requires that the death certificate

15M 9/55



The state of the state of the state of SOST WG HAM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Frederick

Months

e. IS RESIDENCE

ON A FARM?

YES NO TH

Year

19 58

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Days

U.S.A.

(County)

8561 41 8VI.

0

	331	9	CERTIF	ICA	E OF DEAT		.IIMOKE, I	Reg. Dist	03318	
1. PLACE OF DEATH a. COUNTY Fre	ederick		MARYL	- 11	. USUAL RESIDENCE (W	here decease	ed lived. If institution b. COUNTY	and the same	before admission) derick	
RURAL ond give no Frederi	ick		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If			URAL ond gi	ve nearest town)	
OR INSTITUTION	AL (If not in hospitol, gives South Street		oddress)		d. STREET ADDRESS	West S	South Str	eet	e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print)	First		Middle HENR	Y	Lost KREH	4. DATE OF DEATH	Mon Mare		Day Year	
5. SEX Male	6. COLOR OR RACE		ED NEVER MARRIED		ovember 15.	1890	9. AGE (In years lost birthdoy) 67 yrs.	IF UNDER 1	YEAR IF UNDER 24	
10a. USUAL OCCUPATIO during most of work Brick La	ON (Give kind of work de king life, even if retired) YOP		onstruction		11. BIRTHPLACE (Stote Marylan		country)	12. CITI2	USA	UNTI
13. FATHER'S NAME Charle	es Kreh			707	Mary Marg		erch			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORC	rical -	14-10-3816	17. INFO	s Grace C.	K <b>re</b> h-S	Addr Same as it			
PART I. DEA	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	a per line	e for (o), (b), and (c).]	حيد	no of t	the !	lung		INTERVAL BETWE	ATH
Conditions, if or gove rise to it cause (o), stoting lying couse lost.	mmediate (				V					
CAT					OT RELATED TO THE TERM			EN IN PART	1(o) 19. WAS AUTO PERFORMEI YES NO	D?
	MEDICAL EXAMINER)				Enter nature of injury in					
20c. TIME OF INJUR Hour a. jr. p. m.	Y Month, Day, Year	While	JURY OCCURRED 2 Not while at work	factor	OF INJURY (Home, farm y, street, affice bldg., etc	n, 20f. (Cit)	y or town)	(Co	ounty) (S	State
21. I certify the alive an	at I attended the of 3/3	decease 195		death o	coursed at 8:00.	ADDRESS (S	m the causes a treet, city or town,	nd an the	ast saw the dec date stated a DATE S 3/7/5	aba <sup>1</sup>
INAME (Type)	r. Henry V.				Frederick	, Mary	land	*		
220. BURIAL, CREMATIO FREMCIVAL (Specify)	March 8, 1	958	Mount Oliv				TION (City, town, o	r county)	(Stole) Maryland	l
23. FUNERAL DIRECTOR	s signature chison & So	n, F	ADDRESS rederick, l	Maryl		D BY REGIST	TRAR 24b. REGIS	TRAR'S SIGN	NATURE	
					1000	1 0 5	8 Celes	- there	1	-

AAADVI AAID CTATE DEDADTAAENIT OF HEALTH

		d 30 97	CERTIFICA	<b>3</b> ,	
THE REAL PROPERTY AND ADDRESS.					
					7 - 27 1
A STATE OF THE PARTY OF THE PAR			Manda Auto		
	Enler			97775	0.111
			no Zanomine en		
		CONTRACTOR OF			
100					MARKET STATE
	Tien.				25
				- 12 55 12 TO	
				S 504 S	
					MITA JI AM
BUREAU V. K.			20 - 10 - 201 1 20 - 10 - 201 1		est games 1,63
8381 Ol MANi					
	e				
DECENCED		Washing Talk	Town to being an	870	K-W II- IN
	200	The state of	PERSONAL PROPERTY.	BULLION STATE OF STATE OF	ATRICO IN PAULS IN

DEPARTMENT OF THE WIND BARRANCE, 18

CEDTIEICATE OF DEATH

03319

	35		CERTIFIC	PAIL	OF DEAT	П		Reg. Di	ist. No.	
1. PLACE OF DEATH o. COUNTY F	rederick		MARYLAND	11 0	SUAL RESIDENCE (M	there deceased land	B lived. If instituting b. COUNTY	on: Residen	nce before od erick	mission)
b. CITY OR TOWN RURAL opd give Freder	N (If outside corporate limits, v p nearest town) LCK		n of stay in 16 u <b>tes</b>	×	CITY OR TOWN (IF		rote limits, write F Le-Rural		give nearest t	lown)
d. NAME OF HOS	SPITAL (If not in hospital, give lick Memorial H	ospital		10	. STREET ADDRESS	Woodst	ooro		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First WILL	IAM	Middle COCHRAN		Lost LAKIN	4. DATE OF DEATH	Mor Ma	arch	Day 22,	Year 19 58
s. sex Male	White w	MARRIED NE	DIVORCED [	1.2	E OF BIRTH Nov 1891		9. AGE (In years last birthdoy) yrs.	Months	Doys Ho	
during most of w	ATION (Give kind of work don- working life, even if retired)		Owner	OUSTRY 1	1. BIRTHPLACE (SION		ountry)	400	TIZEN OF WI	HAT COUNTE
3. FATHER'S NAME John	H. Lakin			14.	MOTHER'S MAIDEN					18
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES			harl	es W. Lak	in (Sa	ame as i		2)	
PART I. [  / 99, 2  Conditions, il gove rise to couse (o), stoti lying couse to	ng the under-	Gerdie June	lestrol light	en p lyte rere	instrates install	and toxis			ONSET A	BETWEEN ND DEATH
Ž	OTHER SIGNIFICANT CONDITI				ELATED TO THE TERM			EN IN PAR	PE	AS AUTOPSY REORMED?
-	n. 10	20d. INJURY OCC While Not woot work of work	rhile	PLACE Offoctory, s	F INJURY (Home, far treet, office bldg., et	m, 20f. (City	or town)	(	County)	(Stote
21. I certify olive on	thot I oftended the de march 21 E. A. Dettbar	1858			1925, to 2 pred of 9:30 Walkersvi	ADDRESS (St	the causes o	nd on t	last saw the date st	ne deceas ated abo DATE SIGN 24–58
220. BURIAL, CREMA REMOVAL ISPEC	710N, 22b. DATE THEREOF 3-25-58		e of CEMETERY			22d. LOCAT	ion (City, town, o	or county)		itole)
23. FUNERAL DIRECTOR M. R. E.	ors signature tchison & Son,	Frederi		lane		MAR 2 6		Mr.	GNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, after death. Page 4 moy be rated. By the haspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death.

M

DEATH HIVASO	RO BTA	CERTIFIC		
State of the state			To the	
		Tax 1000		
Con Con			onell Labrana	
Billion JE nignal was 10		Selection of the	DESCRIPTION OF THE PARTY OF THE	324
	12 01:2	Charles Land	Marin Con-	
Marie Sale Peri		Colling of State		STATES THE STATES OF
			min (m)	seuregen z
(The sent of Brand introduction)		or here		Arghoratic May 17
		MACHERAST OF MACH	or real and	AND THE RESERVED OF THE PERSON
			Deliver your a	
MINISTER COOK TO THE REAL PROPERTY OF THE PARTY OF THE PA		that hill become		Ac editor
			emeasons .X	A STANSON
DECENACU		Camparato Ariacan Sali Latazo In Cam		ACCIDING THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROP
	basi	win , alterno	TVITELX mid	tame of the

3348

CERTIFICATE OF DEATH

((000)

									Keg. L	/15T. INO.		
1. PLACE OF DEATH o. COUNTY Fre	derick		MARYL			IDENCE (WH	ere deceased i	lived. If ins b. COU	titution: Reside	erick	admissi C	ion)
b. CITY OR TOWN (III RURAL ond give ne Adamstown	f outside corporate limit carest town) Rural RD#1	s, write	c. LENGTH OF STAY I				ural R		ite RURAL ond	give near	est town	)
d. NAME OF HOSPITA	AL (If not in hospital, g Road	ve street o	oddress)		d. STREET	ADDRESS Hill R	oad			6		IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fire HEI		Middle JOSEPH]	NE	LEE	est	4. DATE OF DEATH		Month March	Day 20,		regr 19 58
5. SEX Female	Colored	WIDOWE			DATE OF BIR	1882		AGE (In your last birthdo		R 1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of work House-W.	ing life, even it refired)	one 10b.	KIND OF BUSINESS OF	INDUST		ACE (Stote	_	ntry)	12. €	USA	WHAT	COUNTRY
James G	rayson				14. MOTHER	MAIDEN N						
15. WAS DECEASED EVER	R IN U. S. ARMED FORG	rvice)	SOCIAL SECURITY NO.		ormant n W. L	ee (	Same a		Address #1)			
PART I. DEAI  4 2 2 ./  Conditions, if ar gave rise to in cause (a), stating I lying couse lost.	the <u>under-</u> DUE TO		arter	V 12	elero	tue )	you my oce	lene	- l clin	ONSE	r g e	and )
200. ACCIDENT WA			ONTRIBUTING TO DEA							RT 1(a) 19	PERFO	RMED2
20c. TIME OF INJURY Hour a. ft. p. m.		r 20d. IN While at work	_ Not while _		E OF INJURY ry, street, office			r town)		(County)		(Stote)
alive on	at I attended the	-, 12 Cor	here	3 // death o	D. 228 1	10:15	ADDRESS (Streeket St.	the cause et, city or to			state DA	
BUTTAL (Specify)	3-24-58		Hope Hill						ounty		(State	·)
23. FUNERAL DIRECTOR'S M. R. Etc	s signature chison & So	n, Fr	rederick, Ma	aryla	and	B.F.A.	R 2 4 '58		REGISTRAR'S S	IGNATURE		

DEUNERAL CONTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the hospital ar attending physician. TO HOSPITAL OR TO FUNERAL VS A15 (4) 15M 9/55

M

00

I

Sof miset Committee and the man and the and beautiful all provided the decimal (C) 8361 एट स्थाप PRINCIPLE TO THE PRINCIPLE OF THE PERSON OF ban sytak paga kanal ang a paga paga paga kanala

	CLICK: Affer this certificate has been signed by the attending physician and campletely tilled in the tuneral director,	e detached far use as the burial-transit permit. Then please remave carban papers. Pages I and Z shauld be filed with	
	me tune	shauld b	
Į		7	
	Ē	0	
	ed	-	
	Ξ	ge	
	ie 🤇	2	
	Pie	ers.	
	E	dp	ţ.
	ğ	d c	deo
	ō	å	Jer
	Ö	8	à
۰	Š	QVe	JOE
•	ā	Fem	2 5
	g	Se	7
	end	ed	F
:	6	d c	M +
	he	The	ven
	2	-	×
•	g	Ē	a
	g	ď	u.F
	en	Insi	ano
	Ď	-	of,
	has	9	OF
	ale o	þn	- Le
	ŭ	‡	ō,
	Cen	So	tion
	JIS (	USe	DE
-	1	for	Cre
	ATTE	ped	or to burial, crematian, or remayal, and in any event within 72 haufs offer death.
	::	ach	bur
-	5	det	9
4	2		-

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 by the hospital ar attending physician. TO HOSPITAL OR A may be relocked.

TO FUNERAL POSES 3 should be the registrar prior

		311	CERTII	ICA	IE OF D	EAII	•		Reg. D	list. No		
o. COUNTY Fre	derick		MARYL	AND	2. USUAL RESID	ence (Wi	here deceosed	d lived. If institu b. COUNT		eder		ion)
RURAL ond give no	f outside corporate limits earest town)	, write c.	LENGTH OF STAY I	1				rate limits, write		give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give Frederick M		lress)		d. STREET AD	DRESS	Frede					FARM?
3. NAME OF DECEASED (Type or print)	Annie		Middle Tirginia		lost Main		4. DATE OF DEATH	March		Do		Yeor 19 58
5. SEX Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	17.18	381.	9. AGE (In years lost birthdoy) 73 yrs	IF UNDE Months	R 1 YEAR		R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work do king life, even if retired)		t Home	RINDUST	RY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)		USA	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
15. WAS DECEASED EVE (Yes, no, or unknown)	N R. Branden R IN U. S. ARMED FORC (If yes, give wor or doles of ser	ES? 16. SO(	none	I	ORMANT	17.47	Buss Fred		dress •R•D•	# 2		
	mmediote (	se per line f	or (o), (b), and (c).]	Ty							ERVAL BE	
LY CALL	HER SIGNIFICANT COND								VEN IN PA	RT 1(o) 1	9. WAS / PERFO YES [	RMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. j p. m.	MEDICAL EXAMINER)		Not while	20e. PLAC	E OF INJURY (H	ome, form	20f. (City			(County)		(Stote)
21. I certify the alive on	at I attended the of the office of the offic	725 Par	In and that	M.	D	<b>3</b> 30 €	ADDRESS (SI	the causes reet, city or town	and an state)	last so the da	te state	decease ed abave ATE SIGNE
220. BURIAL, CREMATIO	1414 58		2c. NAME OF CEMEN		CREMATORY		22d. LOCAT	ION (City, town, lerick	or county)	M	(Stote	1)
23. FUNERAL DIRECTOR M.R.Etchis			ADDRESS Frederick	, Md		24a. REC'	P BY REGISTI	RAR 24b REG	STRAR'S S	GNATU	**	

		TAROF DEAT	ADTERIOR	
		Santalia.	courses	The Control of the Co
		rend in the second		
		Meson that is		
100		met	ntat-nii	Prints Assessed
		Ett emans		
		APID OF STREET		and it was an arranged and the
				onignamus a margait Indignamus a margait
3.0.0.0.0.0	desert.	water to been	orion .	
		e common		orses ( and the second of the
			entante de divini de la composition della compos	
		A an Aller of the state of the	may an areas	
		A an Aller of the state of the	A Service Value of the service of th	Of sea Commence of the commenc
BUREAU V. S		A an Allonia 12 Inconstant	A Service Value of the service of th	OT NAME OF THE PROPERTY OF THE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY rector. Page ryaur files. rd of Health. b. COUNTY H MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest town) and give-nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Middle Lost DATE Month DECEASED DEATH hours after 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH last birthday) WIDOWED [ DIVORCED [ 50 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page during most of working life, even if retired) Give Pages h farm PM3. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event Eugene Muench Lowise Overholtzer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. any 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). alang PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) burial-transit 1120.1 s Office DUE TO Conditions, if ony, which (b) gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY pasa Chief Medical E 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port It of item 18.) iting the wo 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) While Not while of work ol work Page P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection warded DIRECTOR opinion death resulted from: Natural causes . Accident . Suicide . Homicide | Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Should by ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 40 REMOVAL (Specify) 50 Burial Emmitsburg, Mary Wand Joseph's 245 REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR VS. A15ME DATE APR 1 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE ON A FARM? YES NO X

Yeor

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

5MIAN

PERFORMED?

NO F

(State)

and in my

DATE SIGNED

(Stote)

1950

Reg. Dist. No

IFUNDER TYEAR

(County)

Days

Months

SSSI I BOY

-31		
76	X	1
1	/ NA	1
No senso	193	1
1	1	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3312 CERTIFICATE OF DEATH

Reg. Dist. No.

03323

									Keg. Dist. r	40.	
1. PLACE OF DEATH a. COUNTY Free	derick		MARYL		- CTATE	DENCE (Wh Maryla		lived. If instituti b. COUNTY			sion)
b. CITY OR TOWN (If a RURAL and give near Frederick		s, write	c. LENGTH OF STAY II	ИЪ		TOWN (IF a	71	ate limits, write \$	URAL and give	nearest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION Frederick					d. STREET A	ADDRESS					SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fin MA	RGARI	Middle ET BEAT	RICE	Los MY	ERS	4. DATE OF DEATH	Mar Mar	ch 16,		Year 1958
s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED		June 2		_	9. AGE (In years last birthday) 59 yrs.	Manths Doy	_	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of warking Sewing Col	(Give kind of work of g life, even if retired)	one 10b.	44	actor	11. BIRTHPL	arylar	or foreign co 1d			OF WHAT	T COUNTRY
13. FATHER'S NAME Geo:	rge H. Fry				14. MOTHER'S		t Moss	burg			
15. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FORCE yes, give war or dates of se	rvice)	social security No. 19-05-4994H	Mr e		nce C.	. Fry,	Buckeys		aryla	nd
Conditions, if ony gove rise to impose (a), stoting the lying cause lost.  PART II. OTHE  20a. ACCIDENT WAS OR CONTRIBUTING IT (If EITHER, NOTIFY M	mediote vnder (c)	H	ypertus ontributing to DEA	TH BUT NO	Mell TRELATED TO	ilus VIIIO THE TERMIN	NAL DISEASE	CONDITION GIVE	refined /	PERFC	AUTOPSY ORMED?
	CAUSE OF DEATH L	20b. DESC	CRIBE HOW INJURY OC	CURRED. (	Enter noture o	of injury in P	art I ar Part	II of item 18.)			
20c. TIME OF INJURY Haur a. js. p. m.	Month, Day, Yea	While at work	Nat while	20e. PLACE factor	OF INJURY ( y, street, office	Home, farm, e bldg., etc.	20f. (City	ar town)	(Coun	ty)	(Stote)
21. I certify the alive on	mard	195	Lunca	death a	Prof	essio	_M, fram	eel, city or town,	and an the a	date state	
220. BURIAL, CREMATION REMOVAL (Specify) Burial		F	22c. NAME OF CEMEN		REMATORY			ION (City, town, lerick,	r count) aryland	(Stai	ie)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS ederick, Ma	rylar	ıd	24a. REC'I	BY REGISTI	RAR 24b. REGI	STRAR'S SIGNA	TURE	

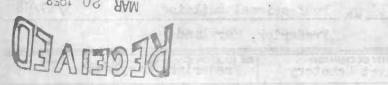
HITASO RO STADRITASS CEEK

Profession Committee

Absolution and the second of t

THE PARTY OF THE P

8391 OS AAM



graduated a section and a light of the section of

was to deep function of bearings of the control of

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	FREDERICK MARYLAND	MARYNAND FREDERICK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)
	DIVION BRIDGE VEARS	X UNION BRIDGE
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
0	RURAL	BURAL ON A FARM? YES DINO [
4	3. NAME OF DECEASED (Type ar print) First SSE Middle	PFOUTZ 4. DATE Month Day Year OF DEATH MARCH 10 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF 8IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days House Min
	MALE WHITE WIDOWED DIVORCED	9/18/1883 74 yrs.
	10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 17. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
/	FARMER-RETURED DWNIER	MHRYLAINS
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
á	TSAAC PFOUTZ	CATHERINE DOVLE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (17 yes, no. or prisnown) [1 (17 yes, give war or dates of service)]	NFORMANT Address
4	NO NO NONE N	R. PFOUTZ UNION BRIDGE MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	The Caroths ONSEL AND DEATH
н	422.1 DUE TO	h
	Conditions, if any, which ) (b) (Irline)	elaroses o with
	gove rise to immediate cause (a), stating the under-	
	lying couse last. (c) Ironelius	of Uslama
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	3	YES NO
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20d. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CO	D. (Enter nature of injury in Part I or Part II of item 18.)
1		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stale)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to form the p. m. 19 While at work a	ctory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from Tiele	5 1958, to Mar 9 198 that I last saw the deceased
	alive on 19, and that death	ADDRESS (Street, city optown, state)  DATE SIGNED
	ACTUAL SIGNATURE THE TENTON	DATE SIGNED
,	SIGNATURE	M.D. 3-10-3
-	PHYSICIAN'S T.H. LEGO MP	Union BRIBGE MO
	220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, tawn, or caunty) (State)
	50K14N 3/12/30 PIPE OK	LEEK CARROLL COUNTY MD
	28. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	D. W. Harry Word your Willow Died	ge YUA, DATE MAR 1 2 '58 Real

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital or attending physician.

TO FUNERAL

CTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

he funeral director,

BUREAU V. A. Lead I began to be a sent of the subject of the 1958 1858 ISE8

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		02225
3313	CERTIFICATE OF DEATH	03325
020	CERTIFICATE OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY F1	rederick	MARYLAN	- 11	USUAL RESI	Mary	_	lived. If instituti b. COUNTY		rede	
b. CITY OR TOWN (If RURAL and give neg	outside corporote limits, wri rest tawn) LCK	c. LENGTH OF STAY IN	Ъ		TOWN (If out hurms		ote limits, write R	URAL ond	give nearest	town)
d. NAME OF HOSPITA FOR INSTITUTION Frederick	L (If not in hospitol, give str Memorial	eet oddress) Hospital	1	d. STREET A	ADDRESS rroll	St.			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle S		Pri	JouJr	4. DATE OF DEATH	Marc		Day	Yeor 158
s. sex male	.1. 2 L	ARRIED A NEVER MARRIED [	8.0	ATE OF BIRT			9. AGE (In years last birthdoy) 3+ yrs.	IF UNDER Manths	Days Ha	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATION  dyring most of working  Antique de	N (Give kind of work dane ) ng life, even if retired) ealer	Own busine					unin) ryland		J.S.A	HAT COUNTRY?
13. FATHER'S NAME			1.		MAIDEN NA					
William	Samuel Pry	or	613	Nel	llie 1	Marga	ret Wi	lhide	Park	20
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFO				Add			-
(Yes no. or unknown)	yes, give war or dates of service)	220-16-0768	Mis	s Bla	nche	Eyle	r Th	nurmo	nt. N	Marylan
Conditions, if an gave rise to im case (a), stating the lying cause lost.	mediote (	arterios					escare.		3	years.
PART II. OTHE	UNDERLYING 🗀 205. I	NS CONTRIBUTING TO DEATH DESCRIBE HOW INJURY OCCU						EN IN PAR	PE	AS AUTOPSY REFORMED?
_	Month, Day, Year 200		PLACE factory	OF INJURY ( , street, affice	Home, form, e bldg., etc.)	20f. (City	or town)	(0	Caunty)	(Stote)
21. I certify the alive an 3 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		eased from $3-2$ $2SK_{,,}$ and that de	ath oc	curred at	2 5 F	M, from	eet, city ar tawn,	and an t	last saw the date st	he deceased tated abave. DATE SIGNED 3-9-17
220. BURIAL, CREMATION REMOVAL (Specify)	3-11-58	Zc. NAME OF CEMETER United Bre					rmont,			State)
23. FUNERAL DIRECTOR'S Raymond	SIGNATURE E. Creager	ADDRESS Thurmont,	Md	•	240. REC'D	BY REGISTI	AR 245 REGIS	TRAR'S SIC	SNATURE	

10 2 2 7 12 2 2 2 2 2 2 2 2 2 2 2 

MAR 14 1958



03326

HOSPITAL

VS A15 (4)

1SM 9/SS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE LEADING B. COUNTY LANGUAGE COUNTY PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (Moutside can arate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAL god give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 3. NAME OF First Middle 4. DATE Month Year Day DECEASED (Type ar print) LESEPH KED MOND DEATH 19 58 EFFER 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Days House Min 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED S. SEX 8. DATE OF BIRTH Days Hours WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) arpende 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) 10 X DUE TO BENIGN HYPERTROPHY PROSTATE Canditians, if any, which gave rise to immediate DUE TO catse (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CHRONIC BRONCHIAL ASTHMA + PULMONARY EMPHESEMA YES NO P 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. Not while at wark at wark 14 telman 195 march 1958 that I last saw the deceased 21. I certify that Lattended the deceased from March and that death occurred at\_\_\_\_ PM, fram the causes and an the date stated abave. ADDRESS (Street, city ar tawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S JAMES STONER WALKERSVILLE, Md NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE MAR 6

		ATE OF DE			
	570	F			
	- M		General Cons	The state of the s	
	ACCUMANTAL AND A				
	1000				
	V-22				
EDKKYO II	the metals				
	TOS .				
8391 9 AAM					
BECEINE					

D		Por	3	1
20	may be read by the hospital or attending physician.	TO FUNERA CARECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 4 should be filled with	
3111.		5	1	1
5		une	0	-
1001		the f	shou	
2	4		10	
200	1	3 10	Ou	
		He	es	
		ely f	Pog	
2		plet	STS.	
000		COM	odoc	oth.
CX		pue	on F	dec.
		ou o	carb	Ster
500		rsici	ove.	III'S
CLIN		h	етс	7 20
E		ding	Se i	7 1
Dec		tten	plec	with
2		o e	hen	100
0		b + 10	-	7
G		Po	L	000
000	ë	sign	t pe	2
3	icio.	cee	onsi	000
0	phys	os p	ol-tr	Post
-	ng 1	e ho	buri	med
AN	endi	fical	the	20
200	to L	erti	So	tion
Ē.	0	his	USe	ome
2	spit	ter	d for	22
Š	e ho	: Af	che	01311
311	y th	108	deto	40 5
K	9 2	REC	be	101
1		10	pla	200
2	re re	RA	sho	the semistrar print to huring presention or removed and in one event within 72 hours ofter death
200	y b	S	ge 3	Cen
)	E	0	pd	the
-		_		

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3352	CERTIFICA	ATE OF DEATH		Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY Fred	derick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		1514	efore admission) derick
b. CITY OR TOWN (If outside of RURAL and give segrest town Thurmont —		c. LENGTH OF STAY IN 16 70 yrs.	c. CITY OR TOWN (If or X Thurmon	utside corporote limits, wri		nearest town)
d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give street	address)	d. STREET ADDRESS			ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print) Mai	rshall	Walker Re	lost eed.	06	Month March 6	Doy Yeor 19 58
male 6. coo		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 5, 188	9. AGE (In ye lost birthdo 72	Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.
during most of working life, e Laborer	kind of work done 10b even if retired)	Saw mill	STRY 11. 8IRTHPLACE (Stole of Maryla			U.S.A.
3. FATHER'S NAME  acob F  5. WAS DECEASED EVER IN U. S  (Yes, no, or unknown)     ff yes, give		. SOCIAL SECURITY NO.   17. 1 116-14-5298	14. MOTHER'S MAIDEN N Margar INFORMANT Mrs. Leott	et Elizabe	eth Rof A	ent. Md. F
Conditions, if ony, which gove rise to immediate couse (a), stoling the under lying couse lost.	DUE TO	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(c	PERFORMED?
PART II. OTHER SIGNI  20g. ACCIDENT WAS UNDER OR CONTRIBUTING   CAUS (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Month	E OF DEATH EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P		) (Cour	YES NO
20c. TIME OF INJURY Month Hour o. m. p. m.	19 While of wo	Not while fo	ctory, street, affice bldg., etc.		(600)	(3,0,6)
21. I certify that I att alive on Tela. ()  ACTUAL SIGNATURE  PHYSICIAN'S Dr. ()  NAME (Type)	Jyr	TC/		GM, from the cause ADDRESS (Street, city or to	es and an the	t saw the decease date stated abave DATE SIGNE
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) BUTIAL	3-9-58	22c. NAME OF CEMETERY C	Cemetery	22d. LOCATION (City, 16) Thurmon		(State)
23. FUNERAL DIRECTOR'S SIGNAT	reager	ADDRESS			EGISTRAR'S SIGNA	

W UABRUA 8381 II AAN

TO HOSPITAL

VS A15 (4) 15M 9/55

arbon papers. Pages I and 2 should be filed with
tion don't

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3314

**CERTIFICATE OF DEATH** 

03328 Reg. Dist. No.

	a. COUNTY Fre	derick		MARY	rLAND	2. USUAL RESIDEN a. STATE		re deceased	d lived. If institu b. COUNT		fence befo		
	b. CITY OR TOWN (IF RURAL and give new Frederic)	arest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW			rote limits, write	RURAL or	nd give ne	grest town	1)
	d. NAME OF HOSPITA OR INSTITUTION			oddress)		d. STREET ADDE		Stree	+				SIDENCE A FARM?
1	3. NAME OF	Fir		Middle		Lost		4. DATE		onth	Do		Year
	(Type or print)	MI	RIAM	IDE	CLLA	RENNET	2	OF DEATH	Mar		5.		1958
1	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED   B.	DATE OF BIRTH			9. AGE (In year lost birthdoy)		ER I YEAR		ER 24 HRS.
1	HEMALE	White	WIDOW			March 22.	. 18	85	72 yrs		Doys	Hours	Min.
	Oo. USUAL OCCUPATIO during most of worki Domesti	N (Give kind of work on the life, even if retired C	done 10b.	KIND OF BUSINESS O		11. BIRTHPLACE	(Stote o	r foreign co	ountry)	12.	US		COUNTRY
		E. Ramsbur	09					lice I	Dian				
	5. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	Λ.	ormant Belva (		537	6 Philir	pi A	venue Mary	land	
	Conditions, if an gave rise to im cause (a), stating to lying cause lost.	he under-	)	arteri	al Sic	Hen	Son	she 2	ge		22	MA-	40
	PART II. OTHI			CRIBE HOW INJURY O			12			VEN IN P	ART 1(o) 1	PERFC	AUTOPSY ORMED?
_	(IF EITHER, NOTIFY A  20c. TIME OF INJURY  Hour a. js. p. m.		While	NJURY OCCURRED  Not while  at work	20e. PLAC factor	E OF INJURY IHom ry, street, office bld	e, farm, lg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive on	/ /	deceas , 19.5	ed from Standard and that	death o	., 19,54, to ccurred at 12 o. Profess	2:20A	M, from	reet, city or town	and on		te state	
		r. B. O. T				Frederi	ck,	Maryl	Land			- on the the low case	
1	220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEM					ION (City, town,	or county		(Stot	
1	Burial  B. FUNERAL DIRECTOR'S		L958	Frederick	w emo:				derick,			ylan	d
ľ			a. Fr	ederick. M	aryla			BY REGISTI		1	SIGNATU		

			No School	
		BY THE STATE OF THE STATE OF		
	American State of the State of		engle on the United	
Part Control of the C				
	THE REPORT OF THE PERSON	U.O. AND DESIGNATION OF THE PERSON OF THE PE	Sales and the sa	
	The state of the state of		120	
	eoti soli rou		arroams . Ive	
THE CHARLES THE	List to Zight		Transaction of the second	C
			STATE OF THE STATE	
	me or yakir gamila upulangar		or not a man and	
			STATE OF THE STATE	
UREAU V. E.			or system of the	
UREAU V. S.		Charles Services of the Charles of t	or and a second of the second	Total and a second
Edition of retaries		ATTERNATION OF THE STATE OF THE	ar va de la della	TOTAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8961 AT 2VV:



STANDON OF THE WAR BURGER OF LABOUR STANDARD OF THE

	2	노	
	0	3.	-
	8	T	1
	÷	9	1
	_	運	1
	Ö	0	1
	e	۵	
	5	P	
	4	3	
	he	- 6	
Ġ		20	
		in	
	•	Q	
	Ξ.	ö	
	P	_	
	<u>a</u>	2	
	運	9	
	>	Ö	
	e	0-	
	ē		
	٦	0	
	Ē	à	÷.
	8	D.	to
	P	-	ě
	Š	ö	0
	0	6	To .
	8	ō	49
	·ĕ	0	9
	· 5	×	5
	È	0	õ
	Q	. 6	_
	0	=	2
	.E	0	-
	b	0	=
	ē	-6	Ξ
	품	-	3
	43	9	=
	ř	ج	0
	-	-	è
	â	-	>
	ъ	· =	5
	ě	5	-
	Б	å	.=
•	.2	-	P
5	C	35.	5
2	9	ō	
2	۵	=	70
ξ	2	0	à
Ì	٤	·Ē	Ě
,,,	0	2	0
5	ö	43	-
	0	Ě	0
Ě	=	15	c'
9	ē	0	,0
5	U	0	ō
	3:	5	ε
2	=	=	9
ī	6	2	0
3	£	D	3
1	⋖	è.	٠.٤
2	~	S	2
	Ö	16	-
-	E	P	20
1	2	age 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	ne registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.
	2	9	J.
	ø	0	ā
ş		2	5
3	4	ho	7
	04	99	is
5	7	3	0
	5	9	2
2	4	30	0

law requires that the death certificate be executed within 24 haves after death.

HOSPITAL OR

RURAL and give nearest town) Frederick Years d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION D.O.A. Frederick Memorial Hospital NAME OF Middle 4. DATE Lost DECEASED CLARA (Type or print) VTRGTNTA ROBERTS DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female April 2, 1882 White WIDOWED K DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) At Home Maryland Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Washington Hartsock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unk No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour a. fr. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased fram. ACTUAL SIGNATURE PHYSICIAN'S Dr. U. G. Bourne, Jr. Frederick, Maryland 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY Mar. 18, 1958 Mount Olivet Cemetery Frederick. 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE MAR 1 9 '58

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural-R.D.#1 e. IS RESIDENCE ON A FARM? YES NO IX Month Year Day March 1958 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months 12. CITIZEN OF WHAT COUNTRY? USA Mary Catherine Mackley Address Mrs. Earl Jewell, Adamstown, R.D.#1, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) - 14 , 19 Sthat I last saw the deceased and that death occurred at 5:15P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED West All Saints Street 22d. LOCATION (City, town, or county) (Stote) Maryland 245 REGISTRAR'S SIGNATURE

HTARD BO STA	次于II CERTIFICA	>	
Description book of the second	au ma		
The Table 2 of the State of the	(170) (40) 40 (40) 40 (40) 4 (47) 840 (40) (44) 440 (44) 4		10 175
	District the District 2	ALL PLANTS A	
	to need the		1000
Transport on the first state of	donata I n	Standing over	
Am Dynail . Is a firm as the continue of the c			
Z .V UABAUS	Abad Sali Brid	per ball-vellor) (sell-ye	Ac selle by
STEL 61 NAME			
a Stoderstok, Targilor A		in the state of th	AL DESIGNATION OF THE PARTY OF
	Tack Section (1744)	.01 . mail 300	

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL may be refu TO FUNERAL

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3317

03331

**CERTIFICATE OF DEATH** 

										vea. r	/ISI. 140.		
	ACE OF DEATH COUNTY FY	ederick		MARY	LAND	2. USUAL RESIDEN a. STATE		yland	lived. If in	INTY -	ence before		on)
b.	CITY OR TOWN (IF RURAL and give no Frederick	outside carporate limits, arest town)	write	c. LENGTH OF STAY  Life	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick							
d.	or institution that	AL (If not in hospital, give Patrick St	reet	ddress)		d. STREET ADDI		t Pat	rick S	treet		e. IS RESI	FARM?
D	AME OF ECEASED ype or print)	First MA	RY	Middle LOUIS	E	Lost SEEGE	R	4. DATE OF DEATH		Month March	31, Do		958
5. SE	x Temale	6. COLOR OR RACE 7	MARRIE			DATE OF BIRTH	27		9. AGE (In y	(ay) Months	R 1 YEAR Days	Hours	
10a.	USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b. K		R INDUST	RY 11. BIRTHPLACE		or foreign co	untry)	yrs. 12. C	ITIZEN O		COUNTRY?
-	ATHER'S NAME					14. MOTHER'S MA						•	
	Pe	ter Seeger						ia Wo	erner				
		IN U. S. ARMED FORCE If yes, give war or dates of servi		OCIAL SECURITY NO		ormant s Katheri	ne S	eeger	, Same	Address as Ibe	em #]		
		nmediate (	e per line	Brown clar	pre	monia	eust	Du	ser		INTE	Luce	WEEN DEATH
		MEDICAL EXAMINER)	b. DESCR	RIBE HOW INJURY OF	CCURRED.		jury in Pone, farm,	art I or Part	II of item 18	.)	(County)	9. WAS A PERFOR	RMED?
	ACTUAL SIGNATURE	or I attended the d	125	Street	death o		:20F	M, from DDRESS (Street	the caus eet, city or t	es and on		te state	
	BURIAL, CREMATION	Apr. 3,195	8	22c. NAME OF CEME Mount Ol				22d. LOCAT		wn, or caunty)		(State	
23. F	UNERAL DIRECTOR'S	SIGNATURE	777	ADDRESS	mrl o			BY REGISTE	AR 246.	REGISTRAR'S S	IGNATUR	E	

Soften Land See to in interior to the St. Conservation of the last TOOK AST Fine Habberine Dies m, Barr um ber bi James Links West and Land bearing the contract of 8561 L 8dV Tree of the latest and the contract of Principle of the princi

YES T NO TO

Yeor

10

Min

Hour o. m While Not while 19

foctory, street, office bldg., etc.)

(Stote)

21. I certify that I attended the deceased fram

alive an

p. m.

and that death accurred at

of wark

at wark

. 19 Sthot I lost saw the deceased

Frederick-Maryland

E. Church St.

ACTUAL

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

H.V.Chase

22b. DATE THEREOF

THE PROPERTY OF CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

W.

Maria was Cemetery

Frederick-Maryland

24a, REC'D BY REGISTRAR DATE AR 2 6

Hes Frederick-Md. 246. REGISTRAR'S SIGNATURE

P.M. fram the causes and on the date stoted above.

0 0 VS A15 (4) 15M 9/55

FUNER m

director,

pe

plac

2

Filled

puo corbon

attending

gned

certificate os the cremotion,

CTOR:

à

per

buriol-transit

use

far

pe prid

shoul

0

puo

removol,

thot à E : any

ā

offer

hours remove

ofter death. funeral

DE HEALTH-BALTIMORE, 18

	finacional		tini monthi
	THE PART OF THE PARTY.	erush id	
		Lablesel later	Mil dointel
			T -40 5 198
	1301-55-01	entra de la production	state T state
		2017 St. 30 20 10 10 20 30	
	- Virginia	1 Dws Hotes	#2.trempoli
			Burt mines, poul in 7
			English of the factor of the second
de, at larg -brad	CO NEC -10X2mid .T .C:	None - G	04
			a acceptance and relati
			Maria Lines
			OT BUT OF THE PARTY OF THE PART

BUREAU V. S.

8361 38 AAM



TO HOSPITAL

VS A15 (4) 1SM 9/5S

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3353	CERTIFIC	CATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY  Fred	erick	MARYLAN	II o STATE	b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If autside RURAL and give nearest to	corporote limits, write wn)	c. LENGTH OF STAY IN 1			RURAL and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION	of a state on that state	dodress)	d. STREET ADDRESS	nt rural	IS RESIDENCE     ON A FARM?     YES    NO
	First CHARLOTTE	Middle CORD AY	tost SHUFF	4. DATE Mo OF DEATH March	11 1958
		NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years last birthday) 75 yrs	Months Doys Hours Min.
The second secon	kind of work done 10b.	Nat.	DUSTRY 11. BIRTHPLACE (Slote of		12. CITIZEN OF WHAT COUNTE
Housewife		)wn home	Mary Mary		U.S.A.
Ja.  15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv	cob Reed S. ARMED FORCES? 16.  e war or dates of service)		14. MOTHER'S MAIDEN N	. ho	f known
IB. CAUSE OF DEATH [En	ter only one cours on li	None	Curtis/W. Shu	iff Thurm	ont, Maryland I
PART I. DEATH WAS	CAUSED BY:	postatie	preumoni	a	ONSET AND DEATH
Conditions, if ony, whi		yerroscler	Hie cardi	ae disea	se 10 ms.
gove rise to immedia cause (a), stating the under lying cause lost.		resalized	2 arteriose	levosis	3
PART II. OTHER SIGN  20a. ACCIDENT WAS UNDER		CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🗐
	ISE OF DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Mont Hour o. m. p. m.	th, Doy, Year 20d. It While of worl	_ Not while _	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State
21. I certify that I at alive an Max	ttended the decease 10 10 195	-/	1 11 001		2.,that I last saw the deceas and an the date stated above
ACTUAL SIGNATURE	Sanfelin	Buil	M.D. Thur	DDRESS (Street, city or town,	101e) DATE SIGN 7/12/5
PHYSICIAN'S Dr.	M. Frankl	in Birely	Thurmont	Maryland	
270. BURIAL, CREMATION, 226. REMOVAL (Specify) Burial	DATE THEREOF	Lewistown		22d. LOCATION (City, town,	
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS		Lewistown BY REGISTRAR 246. REG	Maryland STRAR'S SIGNATURE
Raymond E.	Creager	Thurmont.	Marylandan	1 4 '58	Seli.

BUREAU V. E.

BEST PI SAM

•	0	/
h: Page 4	Filed will	M
s after deat	shauld be	0
thin 24 hour y filled in	oges - a	
executed wi	death.	
rificate be ophysician an	mave carbo	リ
e death cer attending	t within 72	
uires that the	permit. The	
The law red physician. has been si	maval, and	
rysician: 1 or attending certificate	se as the bu atian, ar re	
ENDING PH ne haspital R: After this	oched for us buriol, crem	
AL OR ATT	or prior to t	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be referred by the haspital or attending physician.  TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director.	page 3 shi the registra	
VS A15 15M 9/5	(4)	13

1 %	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2	3354 CERTIFICATE OF DEATH Reg. Dist. No.
director M	1. PLACE OF DEATH  o. COUNTY  FREDERICK  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission)  o. STATE  MARYLAND  D. COUNTY  FREDERICK
id be fi	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  WOODSBORO RURAL VEARS  WOODSBORO RURAL  RURAL and give nearest town)
or or	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  e. IS RESIDENCE ON A FARM? YES NO
illed in	3. NAME OF DECEASED (Type or print)  MURRAY DAVID SMITH  A. DATE Month Day Year OF DEATH MAR 27 1958
campletely filled papers. Pages 1 ath.	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years last birthday)  73 yrs.  Months  Days Hours Min.
bon paper ar death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  13. CITIZEN OF WHAT COUNTRY?
physician ar smave carbo haurs after	13. FATHER'S NAME  JOHN SMITH  ANN SAYLOR
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  RURAL  213-18-0636 MAY B SMITH WOODSBORD MODELES
attending in please re t within 72	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ONSET AND DEATH
signed by the it permit. The id in any even	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  DUE TO  Chronic My cased its  DUE TO  (c)
ial-trans	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ificate h the bur	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cert r use as ematian	20c. TIME OF INJURY Month, Day, Year Month, Day, Year 20d. INJURY OCCURRED While Not while at work at
ched fo	21. I certify that I attended the deceased fram 21. 1958, to Mar 27, 1958, that I last saw the deceased alive on 3-24-, 1958, and that death occurred at 94M, fram the causes and an the date stated above.
ECTOR be deto ior to b	ACTUAL SIGNATURE N Legg M.D. M.D. Mullion Bright 3-27-58
JNERAL e 3 sho <i>Gla</i> be registror prior	PHYSICIAN'S T. H. Legg M.D.
TO FUNE	220. BURIAL, CREMATION, 226. DATE THEREOP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify) 3/30/58 ROCKY HILL FREDERICK. COMD
A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE

BUREAU V. E.

MAR 31 1953

BOETAE

CERTIFICATE OF DEATH

03335

	Q		Reg. Dist	. No.
i. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	e before admission) derick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give georest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpord		ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Frederick Memorial H		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print) Ce C / 4 / e	Middle S &	Loss 4. DATE OF DEATH	March	Doy Year
10 10/	RRIED NEVER MARRIED A	8. DATE OF BIRTH 9/25/1886		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)  1aborer	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign con Maryland		EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4-14-4	
C. Columbus Stott	lemyer	Sarah P.C. Bl	Lickenstaff	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. 1	nformant 's. Mildred McFai	rland, Straw	sburg, Va
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY.  570. DUE TO  Conditions, if any, which gove rise to immediate coese (o), stoting the under lying couse lost.  COMMITTED TO	Infantion of Mesenterio	1 entertine and control thrombos.	Colon	T days
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  20b. D	seneralized (	D. (Enter nature of injury in Part I or Part	10 years	PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d Hour o. m. 19 Whi at w		ACE OF INJURY (Home, form, 20f. (City ctory, street, office bldg., etc.)	or town) (Co	ounty) (Stote)
21. I certify that J ottended the decerolive on 3/25, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) /-/ en ry		n occurred of 1 R. M. from ADDRESS (SIR M.D. 4 L. Chur  Frederick		ost saw the deceased dote stoted above.  DATE SIGNED  3/2/5
220. BURIAL, CREMATION, REMOVAL (Specify) 3/28/1958	22c. NAME OF CEMETERY OF U.B. Cemete		ION (City, town, or county) fsville, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTR	1 1 1 1 1 1	NATURE

page 3 shavid be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 d by the haspital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. TO FUNERAL VS A1S (4) 15M 9/SS

TO HOSPITAL

M

Cart Cannot Tarmomall Tin brohoms BUREAU V. S. BEGI IE HAVI ANTOS

TO HOSPITAL

VS A15 (4) 15M 9/55

M

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3320

#### CERTIFICATE OF DEATH

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		II o. STATE	L COUNT	ution: Residence before admission)
Frederick	MARYLAND	Max	ryland	Frederick
<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write	RURAL and give nearest town)
Frederick	Life	// Frede	erick	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Memorial I	Hospital	423 Sherma	an Avenue	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Me	onth Day Yeor
(Type or print) NELSON	DAVID	SUMMERS, SR.	OF DEATH	March 31, 19 58
5. SEX   6. COLOR OR RACE   7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	
Male White WIDOW	ED DIVORCED	Mcteber 18, 18	887 70 birthdoy)	The state of the s
Oa. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Retired Farm Owner	Farming		Marykand	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
George W. Summ	ners		SarahAnn Mic	chael
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Ad	idress
Yes, no. or unknown)   If yes, give wor or dates of service)   None	212-32-4263 M	rs/ Ida V. Summ	ners.Same as	Item#2
18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Me is -	relieve 9	1. 4	ONSET AND DEATH
1420.0 IMMEDIATE CAUSE (o)	- por officer		vy finale.	- 3 chys
Conditions if any which )	arteriss	1/11. 11. 11	ant Des	eure Zuen
gave rise to immediate	te stite of the	exercic 19	2001 000	rete Egen
luine sauce fact				
, (6)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINA	AL DISEASE CONDITION G	IVEN IN PART 1/0/ 19 WAS AUTORSY
	12 -10		n	PERFORMED?
20g. ACCIDENT WAS LINDERLYING TO 20h DES	CPIRE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	et los Part II of item 18.)	YES NOTO
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW HAJORI OCCORRE	D. (Enter nature of injury in For	n for Fari it of frem is.j	
- 1		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
Hour a. ft.  p. m.  19 While of wor		ciory, street, office bldg., erc.)		
21. I certify that I attended the deceas	ed from Jivy 1	1053 to Mal	10 C	L, that I last saw the decease
alive on the least 3 / 193		occurred at 3:08A	M. from the course	and on the date stated abov
	training and mar deam		DDRESS (Street, city or town	
SIGNATURE Throngs &	- Kini	M.D. West Third S		4/1/58
		M.D.		
PHYSICIAN'S Dr. T. E. Stone		Frederick, 1	Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town,	or county) (State)
Burial Apr.2.1958	Mt. Hope Cem		Woodsbore	//
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			SISTRAR'S SIGNATURE
M. R. Etchison & Son, Fre	ederick, Maryl			1
		DATE AND	1 40 703 1 1 17 8 2	- A - A - A - A - A - A - A - A - A - A

ettaket 1836 To Prince sio irenino ca arrecyl murch of the state of the state of far-recyl closes are L. LANDON AR SERVICE TOP & in In India in the second record territories to the transfer of the tran transfers . Jo by about . nerged E if any managed Tricking one are seen and areas of the seen areas M. D. Diebland E. Gon, Frederick, Baseland

0	3	3	3	1	
1)	-	-			

d be filed with	
0	

04

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 22 they safter death.

TO HOSPITAL O

VS A15 (4) 15M 9/55

J:	300 CEKHILICA	AIE OF DEATH		Reg. Dist. No. 139
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE  Marvland	re deceased lived. If institution b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carporate limits, write RUI	RAL and give nearest town)
Cullen	92 days	Brandywin	08x	-2
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION  Victor Cullen State	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO T
3. NAME OF First DECEASED	Middle	lost	4. DATE Month OF DEATH Manch	Day Year
He Tell Peolis II	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years II	5 1958 F UNDER 1 YEAR IF UNDER 24 HRS.
	IDOWED DIVORCED	8. DATE OF BIRTH June 6	1927 last birthdoy) 30 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housowife	e 10b. KIND OF BUSINESS OR INDU		r fareign country)	12. CITIZEN OF WHAT COUNTRY
I3. FATHER'S NAME		Maryland  14. MOTHER'S MAIDEN NA	AMF	U. S. A.
7 1 201				
Joseph King	2011	Dean Cool		
(Yes. no. or unknown)  (If yes, give wor or dates of service)	oej	INFORMANT Records of Vic	Address tor Cullen Stat	
18. CAUSE OF DEATH [Enter only one couse				INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	Terminal Hemorrh	0 00		ONSET AND DEATH
IMMEDIATE CAUSE (a)	191 MINAT HOMOTPHS	ag <del>o</del>		5 years
I gove fise to immediate!	Far advanced pul	monary tuberou	losis, active	
couse (o), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	art I or Part II of item 18.)	
Haur o. m.	20d. INJURY OCCURRED 20e. Pl While Nat while fa at work at work	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that I attended the de	accepted from December	r 3 1057 to Ma	rah 5 10 58	that I last saw the dancer
alive an March 5				
dive dn Maron 5	19 30 and that death		.M, fram the causes an DDRESS (Street, city or lown, st	d an the date stated above
ACTUAL SIGNATURE //	-Vestal	.M.D	DDAESS (Street, City of lown, st	ote) DATE SIGNE
PHYSICIAN'S NAME (Type) Tom F. Vesta	M.D. Gullen Mo	d		
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, tawn, or	caunty) (State)
Euclise 3-8-58	Mt. Harmon		North Beach, 1	(0.0.0)
23. FUNERAL DIRECTOR'S SIGNATURE	ne Waldor	24a. REC'D		RAR'S SIGNATURE
1 - charly delated along	and of	DAIE IV		IP-laulen

. . BUREAU V. E. 8381 7 AAM

M

90

TO HOSPITAL

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3321 CERTIFICATE OF DEATH

	00	W I							Re	eg. Dist. No	>.	
1. PLACE OF DEATH o. COUNTY	Frederick		MARY	<b>YLAND</b>	2. USUAL RESID		here decessed	1	UTV	Residence before Minera		ssion)
b. CITY OR TOW RURAL and giv Freder	N (If outside corporate limite nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1		outside corpo	rote limits, wri	te RURA			vn)
OR INSTITUTION	SPITAL (If not in hospitol, gond odd Fello				d. STREET A	DDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir JAC		Middle HENR		TUS		4. DATE OF DEATH		Month		ay	Yeor 1958
5. SEX Male	White	WIDOW	100	D 🔲	otober	17,		9. AGE (In year last birthdo	y) Mc	UNDER 1 YEAR	R IF UND	DER 24 HRS.
Retired M	ATION (Give kind of work working life, even if retired iner		KIND OF BUSINESS C		We	est V	itgini			12. CITIZEN	USA	
13. FATHER'S NAME	. Т				14. MOTHER'S							P. V.
	Tusing EVER IN U. S. ARMED FOR	CECO IV	SOCIAL SECURITY NO	127 104		Jul	ia Cry	-				
(Yes, no. or unknown)	(If yes, give wor or dates of a	2°	38-09-4514A	A M	aryland	Odd :	Fellow		Address -Sam	e as I	tem#	1
PART 1. I	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ar	ne for (o), (b), ond (c). teroscleros							INT	ERVAL B	DEATH
Conditions, is gove rise to couse (o), stotic lying couse la	ng the under- DUE TO		ronic Myoca	ardit	is						5 Y	rs
CAT	OTHER SIGNIFICANT CON	DITIONS C	CRIBE HOW INJURY O							IN PART 1(o)	19. WAS PERFO YES	ORMED?
	WAS UNDERLYING AND CAUSE OF DEATH OF MEDICAL EXAMINER)											
20c. TIME OF IN Hour o.	10	While	NJURY OCCURRED  Not while  of work	20e. PLAC facto	CE OF INJURY (Fory, street, office	iome, farm bldg., etc	20f. (City	or town)		(County)		(Stote)
alive on	that I attended the March 5, r. William M	195	and that	death	, 19 57 occurred at 2 o. East C Freder	:20A	M, fram ADDRESS (St	the cause reet, city or tov	s and	an the da	ite stat	decease ded abov PATE SIGNE /58
220. BURIAL, CREMA REMOVAL (Spec	March 11		Mounttan			У		ION (City, tow	_		(Sto	
23. FUNERAL DIRECT	or's signature chison & Son	, Fre	ADDRESS ederick, Ma	aryla	nd	A :	D BY REGISTE		GISTRAI	R'S SIGNATU	RE 2	

		A
BUREAU V. Services of the control of	REPORT OF THE PARTY OF THE PART	
	DARIM	What to the
		And the second s
aini ut		end feet
final name world are like to but fru		C
	minoral neeros	And Services
		et San Carlo Carlo Metro Carlo
BUREAU V. S	o Plast for the Land	all the state of t
879: 01 AAM		
Beennel	TO THIS IS NOT DIVIDED IN THE THIS IS NOT THE THE THIS IS NOT THE THE THE THE THIS IS NOT THE THE THE THE THE THE THE THE THE TH	Telephone and the second second

M

I

VS A15 (4) 1SM 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3325 **CERTIFICATE OF DEATH** 

03339 Rea. Dist. No.

	1. PLACE OF DEATH  O. COUNTY  TO TO THE DICK  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
+	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	BRUNS WICK LIFE	BRUNSWICK 35
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3/2 PETERS VILLE ROAP	d. STREET ADDRESS 3/2 PETERS VILLE ROAP  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CHARLES CLINTON	VIRTS 4. DATE OF DEATH 3 - Month 19 Day Year 19 58
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED	B. DATE OF BIRTH  1-25-1901  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done of lob. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) (Giv	STRY 11. BIRTHPLACE (Stote ar foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. S, H
	13. FATHER'S NAME GEORGE VIRTS	GELETTA WEBBER
	Yes, no. os unknown)   (If yes, give wor or dates of service)	BRUNSWICK MARXLAND
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO Conditions, if any, which gove rise to immediate coduse (a), stoting the under- lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I ar Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of wark 10 of wark 11 of wark 12 of wark 12 of wark 13 of wark 13 of wark 14 of wark 15	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) clary, street, affice bldg., etc.)
1	ACTUAL ACTUAL	T, 19 J, to MANYLAND, 19 J that I last saw the deceased occurred at TE G, M, from the causes and an the date stated abave.  C. T. BYRON KAO, Street, 19 or town, state)  DATE SIGNED  M.D. 15 SOUTH MARYLAND AVENUE  BRUNSWICK, MARYLAND
	220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF REMOVAL (Specify) 3-23-1958 REFORMS	(Store)
	23. FUNERAL DIRECTOR'S SIGNATURE  C. H. FEETE M. BRO. BRUNSWICK.	DATE MAR 2 6 '58 24b. REGISTRAR'S SIGNATURE



8361 88 AAM

03340

356	CERTIFICATE	OF	DE	ATH

	1
- 国表	1
33	
	1
	M

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the hospital or attending physician.

TO FUNERAL RETOR: After this certificate has been signed by the attending physician and campletely filled in the formal director, page 3 should be detached for use as the burial-transit permit. Then please remover each an pages 1 and 2 should be filled with the registror prior to burial, crematian, ar removal, and in ony event within 72 hours after death.

may be reto

	ยย	30	CERTIT	CAL	L OI DEAII			Reg. Dist. No	0.	
1. PLACE OF DEATH o. COUNTY Free	derick		MARYLAN	2.	o. STATE Maryla	nd	d lived. If instituti b. COUNTY			ion)
b. CITY OR TOWN (I RURAL and give no Thurmon t—	f outside corporate limits corest town) Rural RD#1	, write	c. LENGTH OF STAY IN Since 8/6/5	- 11	c. CITY OR TOWN (IF a		orate limits, write Rural RD#3		earest town	)
d. NAME OF HOSPIT NOR INSTITUTION NEAT LEWIS	AL (If not in hospital, gives town	e street o	ddress)	1	d. STREET ADDRESS Bloomf	ield				FARM?
3. NAME OF DECEASED (Type or print)	First ADI	DIE	Middle LAKE		WACHTER	4. DATE OF DEATH	Mon Ma	rch 23,	-,	Year 19 58
5. SEX Female	White	WIDOWE	-	1	ATE OF BIRTH  1 Dec 1875		9. AGE (In years lost birthday) 82 yrs.	Months Days	R IF UNDE	
10a. USUAL OCCUPATIO during most of work House-1	(ing life, even if refired)	one 10b. K	Own Home	IDUSTRY	11. BIRTHPLACE (State Maryland		cauntry)	12. CITIZEN USA		COUNTRY
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN N					-
Horace					Laura Ho	uck				
	R IN U. S. ARMED FORCE Iff yes, give wor or dates of sen	rice)		7, INFO Elli	mant otte L. Wac	hter	(Same as		2)	
PART I. DEA 33/X Conditions, if a gove rise to in couse (a), stoting lying couse last.	mmediote ( DUE TO	July 1	Corelinal mucliged	Lie Der	mors ho terios de	ise	9	40	Per Ce	DEATH
CATI			RIBE HOW INJURY OCCU					/EN IN PART 1(o)	PERFO YES	RMED?
20c. TIME OF INJUR Hour o. fr. p. m.	Y Month, Day, Year	20d, IN. While of work	Not while		OF INJURY (Home, farm, street, affice bldg., etc		y or tawn)	(County	')	(State)
alive an  ACTUAL SIGNATURE	at I attended the and	125	Ann ar	ath ac		ket S	the causes of treet, city or town,		ate state	
220. BURIAL, CREMATIO REMOVAL Specify)	3-26-58		22c. NAME OF CEMETER Zion Cemet		EMATORY		TION (City, town, o		ad (Stote	p)
23. FUNERAL DIRECTOR:	s signature chison & Soi	a, Fr	rederick, Ma	ryla	nd 240. REC	AR 2 7	TRAR 246 REGIS	STRAR'S SIGNATI	/	

		CERTIFICA	328	
	basin a series	SHATELAN	Englishe	
				00,300
			£ 1 1	A PARTIE
ers added	years not make a			
	Byll set to			n Idea I
	and first	ADD TO SELECT		
	Meson arrows		Activity in	ato Parket
(2, out or wer)		None Mile		
		full and states		
			00/10/	
			TO SECURE	
			THE STA	
			11665	
BUREAU V. S	nea W. A. Alfo tension	steed from the steet the s	se of Skinds Field	gittes \$ 179 to citte
- 5381 79 AAM	ACCOMPANY AND SECTION			Linera
DECENAED	Less , blessia		identific Enion to	3287000
MR WIRAGA		restricted media		e
	line 3		All the second	CONTRACTOR OF

L

I

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03341

332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Frederick	MARYL		USUAL RESIDENCE  G. STATE  M8	(Where deceased aryland	lived. If instit b. COUNT		derick	
b. CITY OR TOWN (If ond give necres lown)  Freder		c. LENGTH OF STAY II	V 16	c. CITY OR TOWN	(If outside corpored	ote limits, write	RURAL ond g	give nearest to	own)
	AL OR INSTITUTION (IF not i rederick Memor	n hospitol, give street oddress rial Hospital		d. STREET ADDRESS	North Be	ntz St	reet	10	RESIDENCE A FARM2 NO
3. NAME OF -DECEASED (Type or print)	First WILLI	Middle AM ABRAHA	M	Lost WHITEN	4. DATE OF DEATH	Mont			Year 1958
5. SEX Male		ARRIED NEVER MARRIED  DIVORCED DIVORCED		TE OF BIRTH	the state of the s	AGE (In years lost birthday) 34 yrs.	Months Do	EAR IF UNI	DER 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of working Laborer	IN (Give kind of work done ) g life, even if retired)	Ob. KIND OF BUSINESS OR IN			ote or foreign coun	itry)	12. CITIZE	OF WHAT	COUNTRY
	Whiten		14.	MOTHER'S MAIDEN	NAME Lith Herb	ert			
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Mrs.	MANT Bertie C	52 Goin <del>u</del> s, Fr	2 Klim	harts k, Mary	Alley,	,
Canditions, if on gave rise to immed (o), stoting the uceuse tost.	nderlying DUE TO	pight I	BUT NOT	Jensel Sily	and a langer	rter	VEN IN PART I	PERE	AUTOPSY ORMED? NO
PART II. OTH  200. EXTERNAL CAU PRIMARY F or CON CAUSE OF DEATH.	SE WAS 20b. DES	cribe HOW INJURY OCCURR	ED. (Enter	noture of injury in P	- 0	item 18.)	- J	tegh	- NO []
20c. TIME OF INJUR Hour p. m. 21. I certify th	3/30 195	Not while Not while at wark at a work at work	factory, s	F INJURY (Home, for treet, affice bldg., e	Hade		72 de	uch.	mil (State)
	from: Noturol couse					etermined o		₽J, ond	ring that
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	307ho	mas	М.		ICAL EXAMINER	a	hail!		SIGNED 5
22g. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	Apr.2,1958	22c. NAME OF CEMETER Sunnyside N ADDRESS	eth.	Cem.		N (City, town, lerick (			ryland
M. R. Etch	ison & Son, F	rederick, Mary	Land	DATE	PR 3 '58	Que	(and	1	

VS. A15ME(5) 5M 9/55

	dal usbeen
gration aims which are the farther the second	
THE REPORT OF THE PARTY OF THE	
The med 20, 1923 and 18	Selfa V
was enable to the contract of	12/10/10
	not the years!
The second of th	
N	
A	
A	
A	

I

0

2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is, necessary, please execute the hilicate, writing the ward "pending" in pendi in tem, 18. Give Pages 1, 2, and 3 to the fune, director. Page 4 should be convarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retaint and your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death. M

VS. A15ME 5M 2/57

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R
HEALTH DEPT.	000	

1.0										-	
2 5	7									Reg. Dist.	No.
A):	DIC	AL	EX	AMINER	'S CE	RTIF	ICATE	OF	DEATH		03342
											17374
W 100 /	WI AID	A E !	A R SHO	P. P. L. J.	100141	~ 1 111	- 2 - 4 mm E 0 a	0771	a contract of the same		0000

							-	
1. PLACE OF DEATH o. COUNTY FT	ederick		MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceased live yland	b. COUNTY	_	before odmission) derick
b. City or town (II  Thurmon	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16 5 yrs.		(If outside corporate	limits, write RI	URAL and give	ve nearest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (I	If not in hospi	ital, give street address)	. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Eva	Virg	Middle inia Willh		4. DATE OF DEATH	Month March		19 58
female	6. COLOR OR RACE White	7. MARRIED	DIVORCED J		lors	buthday)	FUNDER 1YE	
100. USUAL OCCUPATION during most of working HOUSEWII	g life, even if retired)		nd of Business or Indus Own home	TRY 11. BIRTHPLACE (SIO		)		S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Unkı	nown			Ella	V. Clou	d		
15. WAS DECEASED EVE	R IN U. S. ARMED FO			NFORMANT		Address		
No		2 20.70	lone (	eorge H.	Willhide	Th	nurmoi	nt, Md.
PART I. DEAT	H Enter only one court H WAS CAUSED BY: IMMEDIATE CAUSE (c)		r (o), (b), and (c).]	y ocel	neon		- 0	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if or	DUE TO  1y, which ) /b1	De	alute	nellita	1-		10	5 yest
gove rise to immed (o), stating the couse tast.		X	Cappellins	-				5-2/25+
PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	STRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN	N IN PART 1	PERFORMED?
PART II, OTH  200. EXTERNAL CAU PRIMARY OF OF CAUSE OF DEATH.	ISE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (	Enter noture of injury in P	ort I or Port II of iter	n 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yec	While		CE OF INJURY (Home, fo tory, street, office bldg., e		wn)	(County	) (Stote)
21. 1 certify th	at I took charge	of the re	emains described abo	ove, held an Autor	osy , Inspec	tion .	Inquiry	, and in my
			FIR A LEGIS	C cutation	Hamisida 🗖	I I malada an	ninad may	nner 🗖
opinion death	resulted from: 1	Noturol co	auses Accident	, Suicide ,	Homicide [],	Underern	mned mai	
opinion death	resulted from: 1	Notural co	Accident	M.D. CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTUAL SIGNATURE	Bother B.O.	me	23_	M.D. CHIEF MEDICAL	EXAMINER [			AND DESCRIPTION
ACTUAL SIGNATURE	SOHLO Dr. B.O.	Thoma	23_	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICA	EXAMINER	•	county)	DATE SIGNED

BUREAU V. S.

MAR I 1958



M. R. Etchison & Son, Frederick, Maryland

Reg. Dist. No. (13343 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 22 East Second Street YES NO Month Day Year 19 58 March 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? USA (Frist Name Unknown (Gaugh) INTERVAL BETWEEN ONSET AND DEATH PERFORMED? (County) (Stote) and that death occurred at 2 P M, fram the causes and an the date stated above. ADDRESS (Street, city ar tawn, state)

(Stote)

Maryland

OF DEATH

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Frederick.

240. REC'D BY REGISTRAR

DATE MAR 1 3 '58

23. FUNERAL DIRECTOR'S SIGNATURE

HTA30 30 97	3558 CERTHICA
alo ben Corps Tribon & Department of the Corps	Appropriate Statement of the statement o
	aliana di califa de como e partire dell'alian
ninter and the second second	and the state of t
TO THE STATE OF TH	Wendly and Dorve Legendra Live Company of the
Search and the search	- Martin and Control of the Control
THE REPORT OF THE PERSON OF TH	
and the second s	Therein Eterope Constant of Alexander
STATE OF THE PARTY	
(mayer \text{	an build Company of
DOWNERS THE RESERVE OF THE PROPERTY OF THE PRO	
Sheret a safe Proposit , things it.	
	OF REEL SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON
BOKEYO A' 2 PRESON A' 2 PRESON A' 2 PRESON A' 2	The man is a second of the control o

ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3359 Tem CERTIFICATE OF DEATH

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Maryland b. COUNTY Frederic

03344

Frederick

-	2		
0	with	-	
to	3	1	7
0	70/	2.	/ /
-	4	- B.	1
_	4	1.7	
5	0	73	
41	Ď.	V	1/
č	73	-	20
2	~		
he funeral director	hauld		
9	ř		-

1. PLACE OF DEATH o. COUNTY

physician and campletely filled move carbon papers. Pages 1 hours after death.

24	Sed.	S	
÷.	X	ogo	
3	etel		
De de	de	Sers	
000	0	bod	g
6	puo	5	r d
Ď	6	Š.	offe
5	Sici	×e ×	STS
14.	ę.	OE .	2
5	9	9	72
eo	end.	9	Ť.
9	=	c c	3
±	the	The	ven
å.	à	-	1 e
res	ned	erm	Ö
D	S.g	4	P
icio .	een	ons	ō
e la	S b	÷	3va
4 6	h h	our	E
N Du	cat	he	07.
ic.	1	20	è,
AYS	s ce	86	of the
itol	=	5	ren
N ds	Hei	pa -	, 0
Ne P	~	och	buri
E	0	det	0
₩ P	<u>ي</u>	pe.	101
9.4	6	000	r p
= =	RAG.	sho	stra
Sc	Z.	ල ම	egi
HOW	1	bod	the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death.
TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 grammay be received by the haspital or attending physician.	5	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1	-
VS A	15	(4)	
4 2/41		-	

	F	REDRICK	MARYI	AND Mar	yland	TOURIN H.	rederick
	b. CITY OR TOWN (I	f outside corporate limits, wri earest town)	c. LENGTH OF STAY I		(If outside corporate limits nt rura	_	ve nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give str	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First MARY	Middle CATHERTI	VE ZIMMERM	4. DATE OF DEATH MA	Manth RCH	Doy Yeor 5 1958
	FEMALE	WHITE WID	ARRIED HEVER MARRIED DIVORCED	JUNE 4	9. AGE (	In years IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	HOUSEW	ON (Give kind of work done king life, even if retired)	OWN HOME	MARYL		12. CITIZ	EN OF WHAT COUNTRY
	FATHER'S NAME THOMAS	JACKSON		14. MOTHER'S MAIDE ELIZAI		ONALD	
15. (Ye	NO NO	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	None None	Mrs. Vince	nt Wackson	Address Thurm	•nt RD
	PART 1. DEA  # 20.0  Conditions, if o gave rise to i couse (a), stating	mmediate (	e line for (a), (b), and (c).]	use anterio	sclerokie ti	ype	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION				TH BUT NOT RELATED TO THE TE			1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE	20c. TIME OF INJUR Hour a.m.	MEDICAL EXAMINER) Y Manth, Day, Year 20	d. INJURY OCCURRED hile Nat while wark at wark	20e. PLACE OF INJURY (Home, factory, street, affice bldg.,	farm, 20f. (City or tawn)	(Ca	unty) (State)
		at I attended the dece	r-C/	death accurred at 5	A	ouses and an the	ist saw the deceased date stated above DATE SIGNER
	NAME (Type)	114 mes	1 4				
	BURIAL, CREMATIC REMOVAL (Specify)	N. 22b. DATE THEREOF		TERY OR CREMATORY CEMETERY	22d. LOCATION (City Utica		(Stote) O. Md.

CERTIFICATE OF DEATH 8391 OI 9AM